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THE HUMAN MIND

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THE HUMAN MIND

By

KARL A. MENNINGER

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MANUFACTURED IN THE UNITED STATES OF AMERICA

Dedicated

To My

FATHER AND MOTHER

An invincible Laius and a discerning Jocasta

"The longer I live the more do human beings appear to be fascinating and full of interest. . . .

"Foolish and clever, mean and almost saintly, diversely unhappy—they are all dear to my heart; it seems to me that I do not properly understand them and my soul is filled with an inextinguishable interest in them. Many of them whom I knew are dead, I am afraid that except me there is no one who will tell their story as I would like to do and dare not; it will seem as though such men had never existed on earth at all. . . .

"The people I am most fond of are those who are not quite achieved; who are not very wise, a little mad, 'possessed.' 'The people of a sound mind' have little interest for me. The achieved man, the one perfect like an umbrella, does not appeal to me. I am called and doomed, you see, to describe—and what could I say of an umbrella but that it is of no worth on a sunny day?

"A man, slightly possessed, is not only more agreeable to me; he is altogether more plausible, more in harmony with the general tune of life, a phenomenon unfathomed yet, and fantastic, which makes it at the same time so confoundedly interesting."

—MAXIM GORKI: TWO STORIES

The Dial, September 1927, pp. 197–8

PREFACE

I have tried to put down in a systematic fashion the conception I have of the human personality. I have tried to keep it objective and specific, and to write it so it could be understood. I think it represents approximately the views of the younger group in American psychiatry. But I don't claim this. I take all the responsibility, because no other psychiatrist saw a page of it until it came from the press. It is full of my own ideas, my own views, my own prejudices, my own mistakes. But it's what I teach my students and it's what I tell my patients.

The adjuration to be "normal" seems shockingly repellent to me; I see neither hope nor comfort in sinking to that low level. I think it is ignorance which makes people think of abnormality only with horror, and allows them to remain undismayed at the proximity of "normal" to average and mediocre. For surely anyone who achieves anything is, *a priori,* abnormal; this includes, not only the geniuses, but the presidents, the leaders, and the great entertainers. I presume most of the people in *Who's Who in America* would resent being called normal.

And while I haven't had much opportunity to examine personally those celebrities, I have had under close observation a considerable number of persons almost as interesting, just as abnormal and a great deal more accessible to study. And, having spent my academic and professional life trying to discover the meaning of these people's troublesome abnormalities and the best ways to set them right, and at the same time observing the occurrence of the same formulæ in my friends and neighbours and books and newspapers, I wanted to write down my ideas about this curious human mind. Not the mind as a machine operating perfectly and invariably in a quiet little laboratory, but the mind as a collection of enormously complex possibilities for variation, most of the variations being called abnormal by people with some other kind of variation. Unless these variations get one into difficulties or into distinction, they are apt to be unnoticed. Yet it is they which determine the personality. It is they which differentiate the human being from the Robot.

The case histories cited in this book from my own experience are all true in essence, although carefully disguised to conceal the identity of the original.

My patients who read the book may not recognize themselves; but even if they do, it will cause them no distress. It is only the "normal" people who might worry about the revealing of the abnormal symptoms of other people. Those who have suffered the more painful kinds of abnormality have more wisdom. They know that no one is immune from the variations; some, only, are immune from the consciousness of them.

One can't stop living to write a book—and I've had to put together this manuscript under difficulties. I have rolled off pages of it in the cabooses of freight trains and in the lounge of the Twentieth Century. Parts of it were conceived in railroad depots and in the wards of the hospital. There are passages that still retain the flavour of the coal-oil lamp on the farmer's kitchen table.

Then there have been so many interruptions. No one but doctors and mothers know what it means to have interruptions. Mrs. Jones has a headache, Mr. Smith has obsessions, Helen Thompson perplexes the dean, and George Hall has just been arrested. Telephone calls demand to know if mother may have some oranges, if daughter rested well last night, and if chiropractic is a cure for epilepsy. Interruptions by the assault of sticky little hands and the most imperative news about the neighbour's dog. All sorts of interruptions.

But finally, with much help, I got it together. Please remember it's a book about the mind. Once men were concerned about their souls. In time the priests yielded to the medicine-men and science turned people's attention from their souls to their bodies. Long afterwards, and only of late, some of them gave thought to their minds. But only a small minority. To most people dietetics is still more important than psychometrics, and appendicitis more interesting than neurasthenia.

I am indebted to so many people that I don't know where to begin to enumerate them all. Scores of my colleagues put case material at my disposal. My patients and personal friends gave anonymous but invaluable help. Several of my college students lent me time and service—especially my painstaking artist, David Hale. My friends Nelson Antrim Crawford and Harry J. Colburn made invaluable editorial criticisms. I owe much to my incomparable secretary Bess Cowdrey. And, finally, there is my long-time friend Logan Clendening, author of *The Human Body*. He has advised me from time to time, which he can do with perspicacity because he knows nothing about The Human Mind.

Ernest Southard of Harvard was the inspiration of this book. He told me to write it, just before he died, ten years ago, when I was one of his many disciples. Smith Ely Jelliffe is written into this book, and William Alanson White and Lawson Lowrey and Herman Adler and Adolf Meyer and William Healy and Frankwood Williams, my own father, Charles Frederick Menninger, and all those friends who have been at once my teachers and my companions. I hope I have done them credit.

K. A. M.

Topeka, July 22, 1929

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PRINCIPLES

Introductory section, dealing with modern conceptions of mind and health

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IV. MENTAL HYGIENE

Let us define mental health as the adjustment of human beings to the world and to each other with a maximum of effectiveness and happiness. Not just efficiency, or just contentment—or the grace of obeying the rules of the game cheerfully. It is all of these together. It is the ability to maintain an even temper, an alert intelligence, socially considerate behaviour, and a happy disposition. This, I think, is a healthy mind.

—K. A. M.

PRINCIPLES

When a trout rising to a fly gets hooked on a line and finds itself unable to swim about freely, it begins a fight which results in struggles and splashes and sometimes an escape. Often, of course, the situation is too tough for him.

In the same way the human being struggles with his environment and with the hooks that catch him. Sometimes he masters his difficulties; sometimes they are too much for him. His struggles are all that the world sees and it usually misunderstands them. It is hard for a free fish to understand what is happening to a hooked one.

Sooner or later, however, most of us get hooked. How much of a fight we have on our hands then depends on the hook, and, of course, on us. If the struggle gets too violent, if it throws us out of the water, if we run afoul of other strugglers, we become "cases" in need of help and understanding.

There are plenty of cases, God knows. Statistics say that one out of every twenty of us is, or has been, or will be, in a hospital for mental illness; and the other nineteen of us don't feel any too comfortable all of the time, even if we have no fears of such an extremity. The minor symptoms of the struggle are legion; mental ill health is certainly as common as physical ill health and probably much more so. Cicero said: "The diseases of the mind are more numerous and more destructive than those of the body." He was right. But they are not always recognized as such.

When a man is promoted to a new job and it worries him so much that he has to quit it; when a woman gets married, finds herself unfitted for married life, and becomes depressed; when a student goes to college with high hopes, but fails in half his subjects; when a soldier goes to war and develops shell-shock at the sound of the first gun; when a lad of promise spurns opportunities of achievement in favour of cheque-forging or automobile-stealing—then these people are mentally unhealthy; they are unable to adjust themselves to their environment. They are inept and they are unhappy; some of them will end their lives in tragedy.

Consider some more specific examples of hooked fish. Remember that you might not have thought of them so. "Eccentric," you might have said, "queer," perhaps even "just mean." But these are the sorts of struggle that indicate to the psychiatrist a fish hooked and in peril.

THE MAN WHO IS ALWAYS SICK

Henry Clay is a clerk. He has always been a clerk. He will always be a clerk. When he isn't clerking, which he does mechanically, accurately, satisfactorily, he is contemplating his imminent death. He regards himself as suffering from tuberculosis, diabetes, rheumatism, heart-trouble, and goitre. He confidently expects that one or all of these will get the upper hand any minute and put him in his grave. He has never been able to get married because he spends all his savings on doctors' bills and new remedies.

THE SCOFFER

Weston Williams was the brilliant and handsome son of a wealthy father. Everything was done to afford opportunity for developing his intellectual talent. He was sent to the best schools and provided with the best of companions.

At twenty-seven he was a hard-boiled, scoffing, idle cynic. To exemplify his contempt for sentiment he married a girl thirty minutes after he met her; he did not even know her name. He divorced her and married a derelict, whom he picked up from the street, and upon whom he spent thousands of dollars, only to have her elope with another man after she became a presentable human being. He scoffingly turned down an opportunity to take the lead in a large business owned by his family and now lives anonymously on a small allowance sent to him by his family on condition that he stay away from home.

THE NAGGING WIFE

Mrs. Watson is regarded by the women of her community as a brilliant, talented, charming woman. She presides over her committees, her clubs, and her parties with enviable grace and poise. Everyone assumes and believes that she is a beautiful wife and mother.

At home she nags the children, quarrels with her husband, mismanages her household, and points to her outside success as an indication that the fault is anyone's but hers.

THE SETTER OF FIRES

Helen Wilson had married well. Her husband made money and she made friends and they were prominent in the social circles of her city.

It was not until several mysterious fires had occurred that it dawned upon her husband that his wife had deliberately set them. When he accused her of it, she calmly and demurely denied it; even when indisputable proof was brought, she remained obdurate in her denials. For a time the fires ceased, but one night her husband awoke to find their garage in flames and his wife's place in bed empty.

THE MERCHANT TURNED CRIMINAL

Howard Gilchrist is the false name for a well-known prisoner in the Kansas state penitentiary. Four years ago he was the owner of a Ford agency, which was making him about forty thousand dollars a year. He played pool in the evenings for amusement and met at the pool-room some gentlemen of fortune who induced him to lend them a car and later join them in half a dozen escapades of bank-robbing and car-stealing which netted him about five hundred dollars and ten years in the state prison.

THE MAN-HATERS

Mary's parents had done everything they could to break up a crush between her and her pal Nell, but in spite of tears and lectures and threats and scoldings Mary and Nell were steadfast. No other girls interested them; all men disgusted them. They were happy with each other even when they were quarrelling most bitterly.

THE IMPULSE TO STEAL

Helen Marsden was about to be married. Her friends congratulated and envied her and said that she had made a very good match.

Helen spent the few weeks prior to her marriage visiting her husband's relatives. These people began to miss little trinkets and articles of wearing-apparel. When it became almost certain that the prospective member of the family, whom they were fêting, was the guilty party, it was decided to let an outsider present the matter to her in an effort to clear up the embarrassment. In spite of excellent proof, however, she flatly denied the accusations and made a great stir about the "insulting suspicions." Her room was entered during her absence, however, and most of the loot recovered.

When she was faced with this, she confessed frankly that she was the victim of an impulse to steal which she could not control. Her fiancé took her immediately to a psychiatrist and arranged for treatment which was recommended. Realizing that she had come near to losing her husband-to-be and her bright future, the girl entered earnestly into the plan for her reformation. Three weeks after treatment had begun, however, the doctor discovered that half a dozen books, ten dollars' worth of stamps, a valuable paper-weight, and numerous other articles and small change had disappeared from the reception-room of his office, in spite of the vigilance of the office assistants.

THE SCHOLAR

Evelyn Hawkins made Phi Beta Kappa. Three months before she was to be graduated, she left school. This is what she told her room-mate:

"I went to school nearly four years. I was supposed to be one of the most popular girls in school. I made good grades, as you know; I was at the head of committees; I was president of my sorority. But during all that time I had just exactly three dates with men. One of them I invited myself to one of our own parties, and one of them was got for me by a common friend. What is there about me that makes me so uninteresting to men? I went and asked some of my friends. They told me I was too intellectual; they told me I didn't flirt enough, or put myself out. They told me I was a prude and didn't do enough necking.

"So I did my best to change all these things, but without the slightest results that I could see. If I'm not capable of interesting men, I'm not capable of being a wife; and if I can't be a wife and mother, I don't care to live at all. What's all this intellectual development worth? I'm not going to spend my life teaching other folks' kids; I want my own."

THE ACCUSING PHYSICIAN

Dr. Jones was the leading physician in his community. His indefatigable industry, his natural skill, and his utter self-confidence gave him immediate prestige. His conceit rose to the highest degree and his peculiarities began to be increasingly offensive. He criticized the older physicians as being ignoramuses, asses, and quacks.

One of them sued him for these compliments and a long-drawn-out contest ensued. In order to help his own case he studied law and was even admitted to the bar. In the meantime, however, he came into acrimonious conflict with his own lawyers, refused to pay them, and brought suit against one of them. He began to believe that the courts were prejudiced against him and published bitter attacks upon them in certain radical journals, which in turn involved him in contempt charges. Before things came to a climax, there were forty-one suits in progress and he had accused hundreds of people of mischief and malice.

THE EVOLUTION OF THE DEVIL

What is the matter with these people?

Ever since the dawn of history society has been trying to find out. They have been called one thing and another; they have been pushed from pillar to post. All sorts of explanations have held popular sway.

Two thousand years ago it was *devils*. Persons and things were "possessed of devils." Jesus and others in the Bible cast out these devils. Some of the native Australians and Africans still interpret misbehaviour as demoniac possession.

But this Devil has undergone evolution. In the Middle Ages some of these people would have been called *witches* and others *bewitched*. The witches had sold themselves to Satan. And this amiable theory of misbehaviour and unhappiness still persists, not only in certain parts of Africa, but among certain groups in civilized countries.[1]

A little later the Devil became *original sin*. Sincere, devout people still exist who regard the misbehaviour of mankind as nothing but the evidence of sinfulness. Their solution is religious salvation. Instead of burning and exiling these strange actors as the devil-believers did, or hanging them and drowning them as the witch-believers did, they would have them prayed with, exhorted, cajoled, threatened, frightened, and told to repent and believe in God.

Then there is a less religious but more practical-minded point of view which regards all misbehaviour as representing *orneriness*, or *pure cussedness*. Because this is simple, because it is less pretentious, because it seems to be more honest and less presumptuous, it has a great following, especially among policemen, army sergeants, and the superintendents of girls' reformatories. Unfortunately it implies theories of pessimism based on a sentimental rather than on an intellectual attitude towards the problem, so that its application is as fruitless as the application of the theories of witchcraft and devil-possession.

A little more recent in origin were the moralists. They linked up all behaviour, good and bad, with a mystical metaphysical essence called responsibility. According to this solemn theory, it isn't God or lack of God, or sin or the Devil or witches or anything celestial or mundane which makes men saints or sinners. It is a single, solemn imponderable called *responsibility*. Millions of dollars are spent annually to determine who has it or who hasn't it. If one is found to have it, he is locked up; if he is found not to have it, he is also locked up. Thus is demonstrated the pragmatic beauty of the doctrine, which is neither fish nor fowl, but which is still the shibboleth and the fallacy of the lawyers just as the doctrine of original sin was the fallacy of the clergy.

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[1] See Theda Kenyon: *Witches Still Live* (New York: Ives Washburn, Inc., 1929), and *Witches Win in York*, by Dudley Nichols, in The Nation, Jan. 23, 1929.

And next came the fallacy of the psychologists. When they discovered tests a few years ago which in a general way measured the amount of intelligence a person has, and began applying this test to people far and wide, they found out that many people had fewer brains than had been supposed. Accordingly they began to suspect that a person who got into trouble did so because he hadn't enough brains to keep out of trouble. Feeble-mindedness became the explanation of all the woes of mankind from bed-wetting to bootlegging.

The psychologists no longer cling, officially, to this fallacy. They know, as does everyone else, that there is more to the human mind than intelligence. Measuring intelligence is no more a measure of the individual's mental make-up than obtaining his weight would be a measure of his physical make-up.

Then came the eugenicists, for whom the Devil took the form of bad heredity. The fact that the children of feeble-minded parents sometimes become college professors and the fact that superior parents are often afflicted with disastrous progeny has discouraged most of them.

And finally there came the great fallacy of the psychiatrists, who found yet another cloak for his Satanic majesty. His new name was *insanity*. People who misbehaved seriously must be crazy, sometimes with craziness type A, sometimes craziness type X; sometimes benign, sometimes malignant. But always human misbehaviour was explained on the assumption that something from the outside world got into the inside of a hapless soul and made him do and feel as he shouldn't do and feel.

And this in general is the trouble with all these theories. They all assume that something mysterious and malignant floating in the ether or transmitted in the germ plasm gets into the individual and makes him go wrong. And then he gets called names. Calling people witches or devils or sons of guns or psychopathic personalities doesn't help. To do so doesn't indicate any real understanding of why they are what they are, why they do what they do, or what can be done to help matters. If any names are to be called, they ought to be names which imply something as to treatment.

SCIENCE VERSUS COMMON SENSE

I can hear somebody say: "Well, why not just treat them by common sense? Why not drop all theories—or leave them to scientists—and just use plain common sense in handling these problems?"

Well, what passes for "common sense" is usually tried without the help it would seem to promise. Here are a few examples that I know of, fictitious names—except in one celebrated case—being used instead of the real ones. Observe how "common sense" worked out with these cases.

Annabel Martin was always the life of the party. Everyone thought she was the loveliest, happiest, sweetest child they had ever known. She bubbled over with good spirits.

In her senior year in college she had a slight disappointment over a school honour. Her parents assured her that it was of no consequence and urged her to ignore it. But despite this "common sense" treatment by her parents, she became very sad, lost interest in everything, cried a great deal, and finally had to be taken to a private sanitarium for mental diseases.

George Dickens was a thoughtful, intelligent child who took things quite seriously and delighted his parents because of his good judgment and common sense. During the latter part of his high-school career he worried about family finances. He wanted very much to go to college, but felt that it would be an unbearable drain on his father. His parents thought that he was a little depressed and attempted to cheer him up by back-slappings and exhortations to "snap out of it." They insisted that everything would be all right and told him to forget it. One evening, when the rest of the family had gone to a show, he killed himself with a revolver.

Edward Hickman was a brilliant student in school; he won second place in an oratorical contest and was editor of his high-school paper. A few years later he had forged many cheques (an offence which was treated by "common sense"), committed many hold-ups, and, having killed at least one man, perpetrated the murder of Marian Parker.

"Common sense" did not avert these tragedies. Nor did "common sense" do anything for such everyday problems as the following, each of which represents the end result of a struggle in which common sense, or what was thought to be common sense, was used in vain.

Whenever little Harry wanted something that wasn't immediately forthcoming, he whined and pouted. This might or might not succeed. Harry learned, but no matter—it's his method, and has been for thirty-five years. For Harry is now forty years old.

Mary Martin was so shy that she would hide behind her mother's skirts when the postman came. She never learned to meet people on their own level. A husband found her and keeps her, but she still hides now behind him and behind their daughter.

Miss Ritchey is a college graduate who is proficient in interior decoration and design. Her talents make her much in demand, but certain mannerisms and nervous habits are so unpleasant for her friends and associates that she leads a lonely life. She has a persistent hacking cough and a habit of sniffing. She twitches and jerks her hands and is constantly fingering something or someone. She has little idea of the reasons for her unpopularity and even less idea what to do about it. Plenty of common sense, but—

Mr. Johnston would long ago have been promoted to the vice-presidency of his firm, many believe, had he not been so constantly gloomy and self-deprecatory. He is always sighing and apologizing for himself and prophesying failure. His work is excellent, but he can't see it. Indeed, he is ashamed of it. He makes all about him uncomfortable and distrustful. His common sense doesn't work.

Mr. Allen is a successful banker. His knowledge of investments and finance has made his bank very prosperous and has inspired the confidence of thousands. In his home, however, he is so autocratic, so dictatorial, so critical of the efforts of his wife and children to please him, that his family life is in a constant turmoil of anger, resentment, quarrelling, and unhappiness. Common sense?

Gertrude, a girl of nineteen, came from a celebrated family, members of which had done everything from entering the foreign mission field to becoming leaders of the most frivolous social set. Seclusiveness was certainly Gertrude's outstanding symptom. It was ascribed by her to a slight facial blemish, which she thought to be much more conspicuous than it really was. She was given to excessive day-dreaming, always sinking into reverie at the slightest opportunity. This she said she had always done because she had been left alone so much—never had had any playmates, any tasks, or any purposes. Her childhood had been full of actively imaginative play, but in contact with social reality she was self-conscious, diffident, seclusive, and constantly fearful as to her popularity. "Why is it?" she asked. "I wish someone would tell me why it is that I have no social life, no dates, and practically no girl friends. It must be my fault; the others all chum together all right. But no one wants to do what I want to do when I want to do it. If I suggest a thing, it's a kind of a hoodoo—everyone's suddenly busy or can't go or won't go unless they can get reserved seats, and there are no more reserved seats, and so forth." What's common sense here?

Common sense did not solve these problems. Common sense has its place. Until science provides something better in any given field it is all we have to go on. As soon as science discovers enough definite facts, however, the need for common sense in that field is gone.

Common sense and all the other theories of the treatment of human beings in distress are in a fair way to being displaced nowadays by science. It is only recently that science has been applied to the human mind. This statement will come as a surprise to many readers. Is not psychology the science of the mind? —and surely psychology is an old science. Does not all this study of human thought and emotions and actions belong in the old well-known science of psychology?

No, it does not. Psychology, in the academic sense, is the science of the human mind shut up in a laboratory. Now, no human mind is ever shut up in a laboratory; at least no mind lives so. Human beings live in constant contact and interaction with other human beings, and the vast majority of mental processes concern these interactions. Consequently the information that we get from observing and describing and testing an individual in a laboratory, while very valuable as groundwork, is of little practical advantage in understanding the human being. Your family physician had an elaborate course in anatomy, ninety-eight per cent of which he has forgotten. The anatomy of a cadaver is of relatively little practical importance in the treatment of grandmother's diabetes or in deciding upon a climate for Cousin John. Anatomy is not medical science, and psychology is not mental science. It is merely one of the foundation-stones on which mental science is built.

Psychology teaches us, for example, that we are made aware of the world by means of certain nerves and certain brain areas; that impressions are stored up and can be recalled under certain circumstances; that the organization of these memories constitutes, in a sense, what we call intelligence and that this can be measured by a relatively simple series of questions and answers. Psychology teaches us, further, that in addition to intelligence we have emotions and that this intelligence is affected by these emotions, and vice versa, and that both of them affect the motor acts of an individual—in other words, his behaviour. Psychology has measured the rapidity with which certain phases of this process take place. It has classified the varieties of response. It has even studied the various abnormalities in these responses. These are of great importance and are studied in Chapter III of this book.

Most of this is from a practical standpoint far removed from the actual everyday problems of human beings. Psychologists know this, and for the most part they don't care, any more than an anatomist cares what the doctors decide to do about preventing the grippe. Some of them, on the other hand, have felt the practical urge and have traced the relationship of certain nerves and certain habits to certain human activities, particularly the processes of learning and the processes of industry. This is the origin of what is called educational psychology and industrial psychology. The latter is the basis of the extraordinary work of efficiency engineers such as Frank and Lillian Gilbreth, Harrington Emerson, and others.

But even this is not a study of human behaviour in the main. As a matter of fact, psychology has never been much interested in behaviour. A few of the radicals have felt this so keenly that in a wild effort to correct this deplorable state of the science they have leapt into a doctrine that holds that there is nothing in the mind and in the world *but* behaviour. Such radicals are of course stimulating, but obviously no longer psychologists. And in the mean time academic psychology became as dry as dust and as sterile as sand. The gleanings of the science were of no use to the individual whose own psychology was avowedly at fault. Soldiers in the World War whose mental machinery couldn't stand the requirements were an inexplicable problem to the army psychologists who had supposedly made these things their life study.

And just at this point and in part for this reason there emerged from out of the ruck into an extraordinary and amazing lead a dark horse.

THE DARK HORSE

Cloistered within the forbidding walls of mysterious castles on the outskirts of a few villages scattered over the country there have dwelt for the past century a strange and esoteric order known as psychiatrists. They were the keepers of the "insane"—physicians, scientists, medical men to be sure, but medical men with so extraordinary and incredible an interest that they were apologized for by the rest of the profession as being almost as questionable as the patients they cared for. Yet with the passage of years and with the assistance of the psychologists and sociologists, the chemists and anatomists, who from time to time worked with them, these men accumulated an experience with the behaviour of queer people which gave them an understanding of why people do things, which opened up entirely new vistas in the science of the human mind.

Watching smooth-running automobiles purring along the highways or studying these cars minutely as they pose in the sales-room might afford a considerable body of doctrine about automobiles; it would certainly never give the understanding of why automobiles work and why they don't work, such as does the study made by a humble mechanic in the greasy back rooms of a garage repair shop. And this is precisely why psychiatrists who have studied the wrecks that came to them became enabled to say something definite, positive, and useful about the queer behaviour of queer people. And then about the queer behaviour of normal people. They discovered that there were general laws governing behaviour, laws as definite as those governing breathing or digestion. They discovered the ways in which a knowledge of these laws might be used to rehabilitate some of the wrecks and to prevent many other wrecks. And after they had been doing this with increasingly gratifying results, known only to themselves, the World War came along and they had a chance to prove their theories. Psychiatry was the dark horse.

It was psychiatry that introduced first the idea of treating sick minds and then the idea of preventing mental ill health. In fact it is from the idea of preventing mental ill health that a more general conception of the nature of the mind took its origin.

Preventing mental ill health has, in fact, become a movement[2] with a definite objective for an increasingly large group of informed people—laymen and scientists. It assumes at the outset that mental health and ill health actually exist and can be understood. It assumes that the distress of a personality struggling with an environment is simply struggle and not a matter of devils and witches, sin and "orneriness," or yet a matter of feeble intellect or feeble will.

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[2] Mental hygiene as a movement was initiated by the efforts of Clifford Beers fifteen years ago. Mr. Beers recovered from a severe mental illness and set out to prevent others from suffering as he had done. His great book, *A Mind that Found Itself*, has resulted in a National Committee for Mental Hygiene which has several regular and many irregular publications and has initiated and assisted many surveys and other projects aiming at the improvement of the mental health of the community. In addition to this there are state societies for mental hygiene active in most of the states of the Union. In Canada and in Europe there are similar societies, all aiming at the dissemination of correct information as to the nature of mental illness and its best prevention and treatment. An international congress on mental hygiene, embracing representatives of seventeen nations, has been arranged for May 1930.

Because mental hygiene of the twentieth century is so definite and characteristic a movement, and because it is so generally regarded, even by its active promoters, as a new conception with a new name, it is interesting to be reminded (by Dr. Peter Bassoe, in an address before the Missouri State Medical Association, May 13, 1929) that in 1843 there was published in New York a book by William Sweetser: *Mental Hygiene, or an Examination of the Intellect and Passions Designed to Illustrate their Influence on Health and the Duration of Life.* One by William M. Connell, *How to Enjoy Life, or Physical and Mental Hygiene*, appeared in Philadelphia in 1860. Isaac Ray wrote a book, *Mental Hygiene*, of 338 pages, which was published in Boston in 1863.

It further assumes that mental health is attainable, and our failure to attain it and retain it is to some extent dependent upon our ignorance of general principles. For while health has always been one of the chief concerns of mankind, health has meant by implication the health of the body. Few people give any attention to the climate of their emotions or to brushing their mental teeth or to giving their minds a bath or their memories a cathartic.

And until recently they have had little help from either the scientists or the public officials. Much money is spent by the federal government and by every state government and many municipal governments for the ensuring of healthy bodies in the citizenry; only a few states spend as much as a dime for the promotion of mental health, and the federal government spends nothing. The teeth, the tonsils, the eyes, and the ears of thousands of schoolchildren are meticulously examined each year by physicians and their assistants, and much clatter and fuss are made over elaborate statistical reports of the damage found, repaired, or averted. Meanwhile, how much thought is given to the examining of the *minds* of these same children? Are teeth and tonsils more important than minds?

Railroads and industries have medical services commonly; only a few of these, until recently, took account of the mental health of their employees. One large railroad sends a fully equipped ophthalmological office and staff over its entire system; every employee must pass certain rigid eye-tests. This same railroad makes no effort to examine the minds behind those eyes.

The following chapters of this book endeavour to present to the lay reader and to the student the psychiatrist's conception of the human mind, with illustrations of the material from which he has derived this conception. It is only his; it does not preclude the truth of psychologists' laboratory views, or philosophers' metaphysical views. It rests its case on its usefulness.

This book is devoted to an exposition of the theme that such cases as have been cited are samples of human distress comparable to the splashing of the fish described in the opening paragraph; that these splashings represent jams in the mental machinery, and that both the machinery and the jams are common to all and can be better understood by a better knowledge of the machinery and its jamming propensities. From such a study, our thesis holds, some jams may be relieved and the wheels restarted.

What factors, internal and external, bring about these jams? What are the tendencies in the personality which result in disaster in certain situations? And what do the disasters look like, and what are the signals of distress? What underlie the signals (the symptoms) and how can their language be understood? How can the failures be rehabilitated, and what can be done with those that can't be? And how can one maintain a healthy mind?

CHAPTER II

PERSONALITIES

Synthetic section, dealing with the external appearances of the assembled machine in action and particularly in disaster

I. THE CONSTITUENTS OF PERSONALITY

II. PERSONALITY VERSUS SITUATION
  1. Successful adjustment
  2. Failures of two sorts
  3. Constructive compromises

III. PERSONALITY TYPES PREDISPOSED TO FAILURE
  1. Organic disease type: Crippled personalities
  2. Hypophrenic type: Stupid personalities
  3. Isolation type: Lonely personalities
  4. Schizoid type: Queer personalities
  5. Cycloid type: Moody personalities
  6. Neurotic type: Frustrated personalities
  7. Antisocial type: Perverse personalities

IV. SUMMARY AND CONNEXION WITH NEXT CHAPTER

"All our lives long, every day and every hour, we are engaged in the process of accommodating our changed and unchanged selves to changed and unchanged surroundings; living, in fact, is nothing else than this process of accommodation; when we fail in it a little we are stupid, when we fail flagrantly we are mad, when we suspend it temporarily we sleep, when we give up the attempt altogether we die. In quiet, uneventful lives the changes internal and external are so small that there is little or no strain in the process of fusion and accommodation; in other lives there is great strain, but there is also great fusing and accommodating power; in others great strain with little accommodating power. A life will be successful or not, according as the power of accommodation is equal to or unequal to the strain of fusing and adjusting internal and external changes."

—SAMUEL BUTLER in THE WAY OF ALL FLESH

PERSONALITIES

The function of the mind has never been better phrased than in the words of Samuel Butler in *The Way of All Flesh,* quoted on the opposite page. This process of accommodation to the various forces and laws of the universe is accomplished by a great complexity of devices. Rivers adjust themselves to the terrain they traverse, rocks are beholden to the laws of gravity, and trees respond to the stimuli of the sun and the need for water. Grass, trodden upon, rises up again; birds of passage fly south to avoid cold weather. All these are "accommodations"—adjustments to environment. They adjust themselves to their needs, they adapt their needs to their environments, and they derive from the environment satisfaction for their needs.

Now, the higher in the scale of life we go, the more complex are the needs, the more complex the mechanism for gratifying them. But the mental process in all beings—men and dogs, trees and earthworms—is essentially the same. Everyone knows, for example, that if a dog is hungry, he calls upon his memories of where food is to be had and betakes himself thither, and this is precisely what trees and earthworms and bank presidents do. The food selected will vary—the method of securing it will vary—the method of digestion will vary. But it is all to the same end.

If the essential *similarity* in the "minds" of each creature is the gratifying of his instincts (the laws of nature) by some sort of an adaptation to what the world has to offer him at any particular time, what is the essential *difference?* The essential difference is merely one of complexity. The dog can remember more things than the earthworm, the child can remember more things than the dog, and the bank president remembers more things than the child. There are certain ways in which these memories are stored, and certain ways in which they are recalled and used; this makes up the process of thinking, which is correspondingly more complicated in human beings. More about it later.

THE HUMAN MIND

Because we have a large memory storehouse, we are able to recognize and appreciate and crave vast numbers of opportunities for gratifying our instincts which are entirely denied to trees, dogs, and earthworms. But mind is more than merely memory and thinking. These gratifications utilize in the end the same simple physical equipment which dogs, and to some extent earthworms, have in common with us. (Here of course the plant kingdom is different.) Walking and fighting and feeling and breathing, listening to a concert, making love, or running for the legislature, all imply physical as well as psychological machinery. They are the products of stimuli acting—through the mind—on muscles and glands.

In fact the interaction of psychological and physical factors is such that except for theoretical purposes they are almost inseparable. There used to be hot disputes among psychologists as to whether a man ran because he was afraid or was afraid because he ran. Now we know that both are true, that running is a part of the mind's action in the affair just as much as the blanching of the skin or the palpitating of the heart, the standing of the hair on end, or the illusion of having seen a ghost.

For this reason it is impossible to discuss profitably different types of minds without reference to all the various factors that go to make up different types of human beings. Psychologists used to think that the mind was simply the performance of the brain, just as bile is the product of the liver, and breathing is the function of the lungs. We know now that it takes much more than a pair of lungs to effect breathing (it takes a nose and a windpipe and some chest muscles and a diaphragm and a regulating centre). In the same way we know now that the brain is only one of the organs of the mind—that is, only part of the machinery which helps in the adjustment of an individual. The mind depends to a certain extent upon the memory storehouse of the brain, but it also depends upon the sensory nerve endings in the skin, and the motor nerve endings in the muscles; it depends upon the muscles themselves and to some extent upon all the physical structures of the body.

This leads straight to the conclusion that in writing about "the human mind" we have to abandon the project of writing about it in the sense of its being the brain's little bag of tricks. We must write about the mind as an adjustment process. And there we meet the difficulty that writing about processes is thin soup; what people are interested in is human beings and how these processes apply to them. How can we indicate our interest in the human being as a bundle of instincts, habits, memories, organs, muscles, and sensations, all going through a process, a process of constantly changing itself in an effort to make itself more comfortable, constantly changing its environment for the same purpose, and constantly being changed by its environment, sometimes for better, sometimes for worse?

The word "personality" does the trick. Of course personality is used to describe almost everything from the attributes of the soul to those of a new talcum powder. As we shall use it, it means the individual as a whole, his height and weight and loves and hates and blood-pressure and reflexes; his smiles and hopes and bowed legs and enlarged tonsils. It means all that anyone is and all that he is trying to become.

What, more specifically, are the components of personality and of the situations which it encounters?

THE PERSONALITY

Personality, to take it up first as a whole, is possessed of an inherited nucleus, a nucleus of physical and psychological potentialities. Just how much or how little this hereditary part is, no one really knows; all we are sure of is that it is less than we used to think. It is probably confined to physical structure, including brain patterns. Functional propensities are usually acquired rather than inherited. This includes such things as nervousness, indigestion, alcoholism, a sense of humour, temper tantrums, and behaviour patterns in general. It is hard for the public and the eugenicists to believe this, trained as they are to think in terms of "unit characters" as applied to structure. So far as the reactions of the personality as a whole are concerned, there are plenty of historical examples that ought to dissuade them. The monster Caligula, for example, was the son of Germanicus, who was a magnificent character; Germanicus was also the father of Agrippina, a despicable female, and the grandfather of Nero, whose reputation needs no citation. The cruel Domitian was the son of the wise, kindly Vespasian; and Commodus, who was a gross criminal, was the son of the noble Marcus Aurelius Antoninus. The father of Augustine was a rascal, and the mother of Martin Luther used to whip him "till the blood came." Francis Bacon's mother was called insane, and both of the parents of John Kepler (the forerunner of Newton) were pretty crazy.[1] Even Jesus, according to Matthew, came of a line on whose escutcheon there were some inconsistent blots.

Considering your heredity, O my Savior,
And that your ancestor Roboam was a bad man,
And begat Abia, a bad son;
And that the said Abia, a bad father,
Begat Asa, a good son;
And that Asa, a good father,

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[1] Arthur C. Jacobson: *Genius* (New York, Greenberg, 1926), p. 145.

Begat Josophat, a good son;
And that Josophat begat Joram,
Of whom nothing is known;
Who in turn begat Ozias, of whom nothing is known;
And on down, until your father Joseph was born,
Of whom nothing is known,
Except that it took an angel from heaven
To keep him from divorcing your mother Mary—
Seeing all this, and that my father was a drunkard,
And I a leader in the church, a man of substance,
I must conclude from your case and my own
That neither piety nor impiety
Is hereditary—
Which makes me fear for my son![2]

Whatever nucleus is inherited is soon acted upon by a great variety of powerful influences. There are the teaching, training, and example of the parents, and the reactions to brothers and sisters; there are climate and weather, the architecture of the home, the food, fashions; there is the influence of the school, church, newspapers, playmates, society in general. Economic laws and social laws are brought to bear and modify behaviour patterns. Then come the accidents of life, physical and mental, the illnesses, the wounds, the griefs, the disappointments, the shocks of all kinds that come to all people. All of these mould the personality. All of these things go to make up a personality.

When we proceed to study a personality scientifically, we go about it in a systematic way, securing first a history of the progenitors with their general mould, accomplishments, propensities, and so on; likewise of the other members of the family. We secure the history of the individual—of his birth, his infancy and childhood, his school life, vocational life, social life, sexual life, and health. Then we proceed to the examinations, which may be thought of as falling into four kinds, or made upon four levels (White). First there is the body physics to consider, its structure, its organs, its neurones, its glands; secondly the body chemistry, the blood, urine, cerebrospinal fluid, metabolism, and so forth; thirdly there is the psychology of the individual, his temperament, his memory, his intelligence, his obsessions, and many such considerations, to be taken up later on in this book, perhaps best summarized in the phrase "behaviour patterns"; finally there must be an investigation of the social aspects of the individual—how does he get along with his fellows? How does he use, in this complex world, the physics, and chemistry, and psychology that go to make him a human being? What are the usual results of this person's efforts to adjust himself to situations? Is he in the habit of succeeding, or in the habit of failing, and if so, how? What happens, we inquire, when that which this person *is* attempts adjustments to situations which this person *meets?*

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[2] Edgar Lee Masters: "Ezekias Painter" in *The New Spoon River* (New York, Boni & Liveright, 1924).

THE SITUATION

The situation is the thing to which the personality has to adjust itself. It is the particular phase of life presented at a particular moment. It is a composite of requirements, a game with a set of rules. It is the game we must play in order to live.

The rules of life are made up of physical laws, chemical laws, economic laws, social customs, legal enactments, and many local regulations. This is a far cry from the simplicity of savage life, and it is getting harder to live each day. The laws grow more and more complicated. It is no wonder there are so many failures. Some players apparently have no difficulty with any of the rules; some have difficulty with all of them. Still others fail only in certain particulars—socially, or financially, or physically, or in mental arrangements.

This complexity is made still more difficult by the fact that the "situation" as a whole is always changing. Sometimes it changes greatly within a short space of time. These sudden changes are called "*new* situations"—although no situation is ever entirely new. They always put unusual stress and strain upon the adaptive powers of the personality, and hence it is frequently new situations which evoke breaks in the smoothness of the process of adaptation. Marriage is such a new situation, the death of one's mother is another, election to office, dismissal from a position, going to college—these are others quite familiar.

THE ADJUSTMENT EFFORT

Now what happens when a *personality* meets a *situation?* Success, failure, or compromise.

So long as a person is successful—that is, manages his adaptations to a succession of situations without damage to either himself or the environment—he probably won't attract any attention. We shall never know much about the real factors of those situations or about the essential elements in that personality. All that we shall know as outside observers is that Mrs. Smith is a happy wife, or that Mr. Jones is a money-making banker, or that Miss Edwards won the tournament, or that Mr. Blake was given a promotion.

Most of the adjustments will probably be far less conspicuous even than these. They will probably be just the ordinary goings-along of everyday existence. If his office is too hot, Mr. Brown will open the window; if an order comes in, he will fill it; if his stenographer resigns, he will advertise for another one; if the manager criticizes something he has done, he will change his procedure in that direction. When he is hungry, he goes out for lunch; when evening comes, he stops at the store for steak, as his wife has requested, and takes it home for her to cook; when he has eaten his dinner and read the paper and listened to the radio and become sleepy, he goes to bed. His personality adjusts itself smoothly to his environment; he fulfils the necessities of the situations which arise and that's all there is to it. Consequently we don't know very much about him.

But let some extraordinary situation arise—and such situations are always arising—then what happens to Mr. Brown? Let his house burn down, for example, or let his daughter become ill, or his wife die; let him be thrown out of employment, or let him get a typhoid germ infection, or let him be asked by the president to undertake a very difficult and responsible task, or let him suddenly receive an unexpected inheritance. What happens then?

He may still make a success of it. This may require considerable effort. He may have to change his situation somewhat and he may have to change himself somewhat. And he may do both. By one means and another he may manage the adjustment successfully.

He may, on the other hand, after more or less of a struggle, find the requirements imposed by the situation too great for his adjustment capacity. Failure is a broad term to describe this result.

There are two kinds of failure. Finding himself incapable of fulfilling the requirements of the situation, the personality essaying the adjustment may resort to flight, or he may resort to an attack on the situation. He may retreat from the situation or he may attempt its destruction. Ordinarily both flights and attacks are disastrous, the former resulting in damage to the personality, the latter in damage to the situation.

But this is not always so. The necessity for retreat may be utilized in a constructive attack on the situation such that the failure is turned into success. This is what we have called, in Figure 1, a constructive compromise. It is really a secondary adjustment.

Consider, for example, a certain personality, let us say a man, faced with a certain situation, let us say, marriage. He may make a successful go of it. On the other hand, he may not; he may fail. This failure may be a flight into alcoholism; unhappy with his wife, he may resort to drinking. Or he may resort to an attack on his wife such that *she* is driven to drink. He may make life so difficult for her that she seeks a divorce. He may even kill her.

To illustrate the way in which a constructive compromise might be made out of the failure, he may be driven by his marital unhappiness to find satisfaction and self-expression in painting or scientific research or organizing a labour-union or a Sunday-school class. He may do all this without experiencing unhappiness, but he *would* experience unhappiness if it were not for the successful outcome he makes of his secondary adjustment project.

THE ATTACKS

Attacks which the failing personality makes on the situation in an effort to achieve internal peace are apt to result in damage to or destruction of the situation.

These may be such behaviour as fighting, arrogant independence, the smashing of convention, constitutional antagonism, contentiousness, defiance of authority, and, in children particularly, disobedience and temper tantrums. Still more serious are such destructive attacks on the situation as refusal to work and refusal to abide by economic and statutory laws. In other words, indolence and crime may be conceived of as an attack on the situation resulting in damage to it, brought about by the inability of certain personalities to adjust themselves to situations too difficult for them.

Some personalities can do criminal things, can break the situation to bits, can inflict immeasurable damage upon society, with apparent impunity. They may even achieve immortality by so doing. Napoleon and Alexander might be cited as examples, though such enormous failures are so exceptional as to be generally accounted success. Al Capone, the gangster and racketeer, is probably regarded by many as successful.

Failing personalities who injure the environment have always been easier to understand than those whose failure results in injury to themselves. At least they have appeared to be easier to understand. We all think we know why people steal and why they forge cheques. Actually the problems involved are just as complicated as are those of the woman who develops hysteria or the man who kills himself. But because as members of society we are personally injured by the stealing and the cheque-forging, we have an emotional reaction to it which makes us judge the offender in a very different way from the invalid. Both of them are slackers in a sense; both of them are evading or

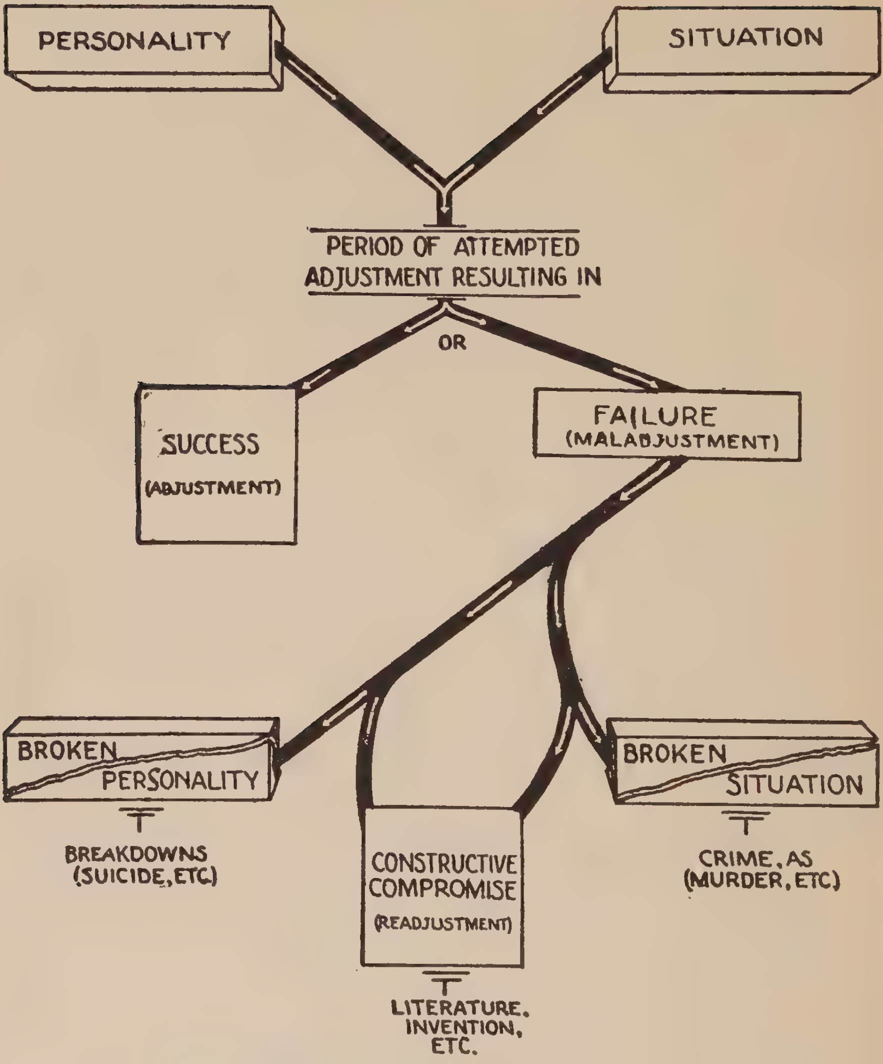
PERSONALITY
SITUATION
PERIOD OF ATTEMPTED ADJUSTMENT RESULTING IN
OR
SUCCESS (ADJUSTMENT)
FAILURE (MALADJUSTMENT)
BROKEN PERSONALITY
BREAKDOWNS (SUICIDE, ETC.)
CONSTRUCTIVE COMPROMISE (READJUSTMENT)
LITERATURE, INVENTION, ETC.
BROKEN SITUATION
CRIME, AS (MURDER, ETC.)

DIAGRAM OF ADJUSTMENT

FIG. 1

retreating from an adjustment to life of which they are incapable or of which they believe themselves to be incapable. One retreats, one attacks. We have been discussing the attackers; now we shall consider the retreaters.

THE FLIGHTS

Instead of damaging the situation to which it cannot adjust itself, the personality may withdraw into various kinds of retreat, by all of which and in all of which the personality itself suffers. These flights are of various sorts and are accomplished in various ways. They may take the form of undesirable character traits such as seclusiveness, timidity, fears, suspicions, and other emotional symptoms which act as protective devices. Or they may appear as such dodges as inefficiency, "passing the buck," refusal to accept responsibility, and depending upon luck, tricks, routine, or rules of thumb instead of new solutions.

More obvious, because more extreme, are the flights into disease, "nervousness," alcohol and drug addiction, and suicide. The disease may be physical or chemical or psychological in its manifestations. If a man has a very hard task to perform, and the task does him up, he may be said to have failed to make an adjustment to it and retreated into a state of illness. A football-player who gets benched early in the season because of a broken shoulder has unintentionally accomplished failure; the result of his encounter with the football situation was a damage to his personality on the *physical* side. If the same player instead of having broken his shoulder had become depressed in spirits because the coach had not seemed to appreciate his ability, his depression (granted that it led to his quitting the game) was a damage to his personality on the *psychological* side. It is conceivable that our football-player might have fumbled the ball in a very important game and in an effort to drown his chagrin and regret might have got drunk. This is a damage to the personality, a retreat of a *chemical* sort which also has psychological and physical aspects.

CONSTRUCTIVE COMPROMISES

Sweet are the uses of adversity, and many are the successes of failure. Failing personalities are often forced to achieve success of another sort. They accomplish this by disavowing the personality-destroying escapes already discussed, in favour of creative or constructive efforts to change the environment to their liking, or, perhaps we should say, in a direction which they find not only pleasing but possible for them to capitalize. It is safe to say, for example, that many authors who write about life are doing so in response to the stimulus which their own failure to negotiate life has afforded them. In other words, having been faced with situations in which they felt themselves inadequate, they retreat into the role of a writer about life and make a success of that, whereas they had made a failure of the former. The failure may never become apparent. Many men who have achieved fame and riches for their discoveries, inventions, organizations, reforms, would surely have been colossal failures at accomplishing much simpler things, and as a matter of fact may have become what they did only after having failed at the more simple projects.

The out and out failures, however, have the great advantage of showing us these mechanisms. Automobiles by the thousands roll along highways Sunday afternoons and remain unnoticed and unknown. No one notices anything about their insides. It is only when a car fails to make the grade or fails to stay in the road that we have a chance to see who is in the car, how good the tires are, and what kind of carburettor it has. Only then do we discover the weak springs, the leaking radiators, the poorly adjusted brakes, and the broken axles. Only in a comparable way do we learn how human machines are built and how they go to pieces and how they can be reconstructed.

BROKEN PERSONALITIES

Broken *situations* involve problems referable to the field of sociology—crime, delinquency, dependency, etc. Broken *personalities,* on the other hand, are the concern of psychiatry and, generally, of all physicians. From long experience, from the observation of many wrecks, we have become familiar with certain tendencies, certain weaknesses, which seem to predispose to failure. With personalities that succeed, psychiatrists have less experience, but from a study of the failures we can understand the successes.

Experience has shown that the personalities which are likely to fail may be grouped into various major categories, and for purposes of studying them this is a helpful device. Classifications must never be taken too seriously—they ruin much thinking—but the fear to use them has prevented much more thinking.

The types of personality prone to have unusual difficulties on being put to adaptational strain are as follows:

1. The organic disease type—CRIPPLED PERSONALITIES;
2. The hypophrenic type—STUPID PERSONALITIES;
3. The isolation type—LONELY PERSONALITIES;
4. The schizoid type—QUEER PERSONALITIES;

5. The cycloid type—MOODY PERSONALITIES;
6. The neurotic type—FRUSTRATED PERSONALITIES;
7. The antisocial type—PERVERSE PERSONALITIES.

Each of these types will now be presented with illustrations taken from many sources—my practice, my friends, my enemies, my newspapers, my imagination. Some examples will be given of each personality type before any troubles have been met with. Some will be cited next which will be seen to have suffered only a little; still others will be given which will appear as total wrecks.

After we have surveyed these seven personality types prone to failure, and the kinds of wrecks they make, we shall take the wrecks apart, in the section on symptoms, and learn what parts the cars are made of, and then in the succeeding section (on motives) what makes them run.

I. THE ORGANIC DISEASE TYPE

Crippled Personalities

Defects in the inherited constitution, or physical accidents and diseases, impair, to varying degrees, the adaptive capacity of the individual. A man with a chronic heart-disease doesn't act in life or look at life in the way in which a healthy man does; his personality is definitely affected by his handicap. Similarly one might postulate a gout personality, an asthma personality, even such a thing as a tonsils-and-adenoids personality.

But these are a bit tenuous. Let us take some more vivid and representative examples.

a. *Tuberculosis*

"You look especially pretty tonight, Marie," whispered one of the girls during the intermission. "I was watching you this last dance; your cheeks are so pink and you seem so peppy! Almost too peppy!"

She had been noticing it lately—that tense feeling which made her strive to do so much, and that quick tiredness that resulted in her doing so little. It was increasing—no doubt about it now—she felt so tired. Overwork on that Dramatic Club play, and the reaction to it, now that it was over—that's all it was!

But it wasn't all. A few weeks later it was clear to everyone that something was wrong. The once lively Marie was listless and quiet. She seemed too tired to make the effort. Although there were occasional vehement and determined bursts of effort, they were followed by tears and trouble and such obvious fatigue that the girls tacitly combined to prevent Marie's taking part in anything except her school-work. Even in this she was slipping—not far, but from A-grade work to B work, which was a heart-breaking fall for her.

Fortunately for Marie, her parents intervened at this point and, in spite of her rosy cheeks (rosy because feverish) and appearance of health, took her to a physician, who made the diagnosis which *fatigability, peplessness, loss of weight,* and *low grade fever* should always suggest!

b. *Thyroid-gland disorder*

"What's the matter with Anne Updyke's eyes?" everyone began asking. "She looks scared all the time. She's getting pop-eyed!"

"Yes, and she acts scared all the time, too. She's just tense as a bow-string. She's just awfully nervous and jumps at a feather and goes all to pieces."

"She was all right when school began, and this is only November—surely she doesn't think she's going to flunk."

"No, she says she doesn't know what's the matter with her—she doesn't sleep well, and she's so shaky and jumpy. I think she ought to see the doctor, but she laughs at that. She just keeps plugging along and trying to hold on."

Anne did see a doctor, shortly afterwards, because her nervousness, sleeplessness, irritability, and depression reached an unbearable point. A diagnosis of over-activity of the thyroid ("goitre") was made, and appropriate treatment instituted.

Goitre is an enlargement of a gland in the neck which markedly influences the personality in numerous ways. Simple enlargement may be of no consequence, but with or without enlargement there may be an increased activity of the gland which is capable of producing very serious nervous symptoms. The first symptoms are usually emotional—pop-eyes, rapid heart, and "shakiness" come later. Sometimes these cases reach extreme degrees of mental disturbance.

Insufficient thyroid secretion may also cause trouble. Usually it is accompanied by dullness and torpidity. Occasionally other pictures develop.

Mrs. V. became much depressed after the death of her son. The depression seemed to come on in waves and she could not work, sleep, or eat. She seemed to be definitely losing ground. There were distinct evidences of hypothyroidism in thickness of the skin, dryness of the skin and hair, absence of perspiration, and stolidity of her facial appearance.

Under thyroid administration she seemed for a time to get better. On the morning of the day upon which she was supposed to go home, she woke up from her sleep very much disturbed, crying out that there were dogs in the room and that the nurses were talking about her, outside of the door, in a most slanderous way. She became very much agitated and depressed, with many delusions and hallucinations of most terrifying sorts, and was ill for a long time.

c. *Pituitary-gland disorder*

Except for irritability and stubbornness through childhood, Joe Harrison had shown no unusual traits. He completed two years in high school and then took up a trade, which he carried on very successfully. Following an operation for appendicitis at thirty, he increased in weight from 140 to 200 pounds within a few months. During the next four years his weight went on up to 270 pounds. During this time he suffered from repeated severe headaches, and had had occasional sleepy spells, lasting from twelve to forty-eight hours, from which he could not be roused.

He became involved in transporting some stolen tires, but because of his previous good record he was excused from the charge. Soon afterwards he wrote some bad cheques; and some months later he was arrested for hauling some stolen hogs, and writing ten no-fund cheques. He became irresponsible in his work and would frequently disappear in his car and be gone for a few hours or for a week. His only explanation was that he wanted to "get the air." He would drive intemperately and once drove from Kansas to Pittsburgh, Pennsylvania, and back without stopping at all.

A consideration of the enormous metabolic changes, the sleeping-spells, the character change, the behaviour manifested, together with numerous tests, such as one to measure the ability of the body to utilize sugar in excess, pointed the way to a diagnosis of a disturbance in the function of the pituitary gland, a small but very important regulating mechanism situated at the base of the brain and controlling such widely divergent functions as sleepiness, fat-distribution, sugar-utilization, and sexual activity.

d. *Deafness*

"A child of nine . . . had repeated the first grade, and also the second grade, and was now in the third grade doing poor work. The teacher was not concerned so much about her failure, as about the fact that she was a social problem. She had gathered together three other girls, of whom she was the leader, and these four children were very resentful toward authority. They were using obscene language and writing obscene words on the board, and pushing the other children about and making themselves generally obnoxious in the school. A physical examination disclosed in a few moments that the child was absolutely deaf in one ear, and in the other ear could only hear the spoken voice at five feet. Examination showed that the child's intellectual equipment was poor . . . but probably much of her trouble was due to the physical difficulty with which she had been handicapped. A child who starts in school with such a handicap gets a low intellectual rating, the teachers feeling that they are dealing with an individual of inadequate mental equipment.

"This child was an unattractive girl, untidily dressed; consequently she made few friends, failed intellectually and socially, and the only way to keep herself from being entirely ignored was through delinquency. With this marked feeling of inadequacy on intellectual and social lines, the child met her problem of inferiority by building up this little game, in which she was the crowned and glorious leader. But the problem, primarily, was a physical problem" (deafness).[3]

e. *Brain tumour*

Many persons think much queerness and misbehaviour is explainable on the basis of a "growth on the brain." As a matter of fact, although such growths are common—much too common—such manifestations are rare. The usual symptoms of brain tumours are paralyses, convulsions, visual disturbances, severe headaches, etc. Misbehaviour may occur, however, and here is an interesting illustrative case reported by Dr. Frederick Moersch of the Mayo Clinic:[4]

A minister, aged fifty-two years, was brought to the clinic on November 14, 1923. In the fall of 1922 the patient had been despondent, which was considered by his wife to have been owing to his various duties. About January 1923 he began to complain of severe headaches, which occurred from two to three times a week. About the middle of April it was noted that his sermons were incoherent, and that he stumbled through them, but always in an unconcerned manner. He preached his last sermon, which was an utter failure, but with which he was immensely pleased, in August. He was asked to resign, and went on a campaigning tour to raise funds. He was gone twenty days and returned dirty and dishevelled and gave a rambling account of his trip, of having lost himself, and of getting into various difficulties. His letters while he was away were incoherent. His memory now failed markedly; his attention, interest, and ability to concentrate were also impaired. He was unable to remember details; speech was slow and dragging, so that he became unable to carry on a conversation; he would break off suddenly and did not seem to realize what he was saying. He developed peculiar mannerisms, such as kicking with his right foot, or tapping on objects with his right forefinger. He read signs over and over again. During the month prior to his examination at the clinic he would sit about uninterestedly; he was careless about his habits and dress, soiled his clothes, and on one occasion urinated into his slipper, pouring the urine out of the window, much to his own amusement, but to the chagrin of his wife. The general lack of interest was one of the most outstanding features of his case.

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[3] D. A. Thom: "Moulding Personality in the Pre-School Years," *Mental Hygiene of Normal Childhood* (Buffalo Mental Hygiene Council, 1927), p. 44. Not all deafness reactions are like this, of course. See pp. 166–7.

[4] *American Journal of Psychiatry*, Vol. IV, pp. 705 et seq. (April 1925).

The neurologic examination proved to be practically negative for any focal evidence of tumour. The eyes showed some blurring of the optic nerves, and X-ray of the skull showed destruction of the sella.

The patient gradually became worse and a right frontal exploration was made on December 4, but the tumour was not located. Two weeks later the left side was explored and a huge glioma (a rapidly growing tumour) about five centimetres in diameter, extending into the upper posterior portion of the frontal lobe, was exposed.

f. *Encephalitis* (inflammation of the brain)

"A boy of seventeen was sent to the . . . hospital by his minister because he was considered to be so delinquent that he could not get along outside and it was felt that he should be sent to a reform school. The history showed that he had been a very normal sort of boy until about a year before his admission, that he had shown a personality change at that time and had become quite irresponsible, unwilling to work and careless and untidy about his person, and not in the least responsive to any . . . appeal. . . . He had been severely beaten by his father with no effect. The minister had labored with him for weeks with like results. Finally, the family forced him out of the house and made him sleep in the chicken house and his meals were given him out of the back door.

"A careful study of this case showed that just preceding the personality change, the boy had had an attack of encephalitis [sleeping sickness], and that the personality change was on this basis."[5]

Misbehaviour in children is occasionally due to this same disease. A boy of seven, for example,[6] had the acute stage of encephalitis in January 1921, after which he was exceedingly excitable and over-active and had spells of anger, crying, screaming, fighting, and impulsive behaviour. He even made attempts on the lives of his brothers and sisters with a knife. He kissed girls on the street and was apparently sexually precocious.

A marked change in the masculine and feminine characteristics occasionally occurs also following this strange malady. Dr. Ernest Hammes, a neurologist friend of mine, showed the following case at a meeting of the Central Neuropsychiatric Association and gave me permission to cite it:

A soldier in the World War, whose bravery actually won him a medal, had encephalitis after his return. After this illness he changed very markedly in certain respects—his beard ceased to grow, his voice became high-pitched, his breasts enlarged to a painful degree and actually had to be amputated, and he gave up masculine in favour of feminine pursuits and interests, so that when I saw him he was sitting on a bed in the ward of a hospital contentedly knitting!

g. *General paresis*

The encephalitis just described is a close relative of the well-known "flu." There is another kind of encephalitis, due to syphilis of the brain. Many people who have syphilis don't know they have it. Those who do know it rarely suspect the possibility of its affecting the nervous system. Brain syphilis follows the original infection usually by many years. It is difficult for the public to realize that syphilis far more frequently betrays itself by queer conduct than by startling skin eruptions. Brain syphilis may exist for years without being suspected by anyone, least of all by the victim. Yet it could be discovered and successfully treated if the proper examinations were made. This is the reason we advocate the routine examination of railroad engineers, several of whom are known to have suddenly "gone insane" from a brain syphilis long present, but unsuspected.

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[5] Karl M. Bowman: *Delinquency. Bulletin of the Massachusetts Department of Mental Diseases,* Vol. X, nos. 3 and 4 (October 1926).

[6] Ebaugh, Franklin G.: *The Nation's Health,* August 1923, Vol. V, no. 8.

"Major Isaac Thompson, M. D., was a character. He had been regarded as eccentric for many years prior to his death at 63. In fact, it seems that there had been more or less definite symptoms and signs about his fortieth year. The doctor himself had a ready explanation for his Argyll-Robertson pupils [an eye symptom of brain syphilis]; he explained that he had had a peculiarly heavy smallpox at about the age of 27. . . .

"The doctor had a good secondary education. He had gone through the Civil War as a hospital steward, went into business after the war, married, and then went to the medical school, graduating at the age of 34. He continued in practice for a dozen years, and then gave it up. For years he had been especially interested in certain literary lines and he had published any number of pamphlets, all of a somewhat striking description, often with a political color and intended to stir up reform measures.

"It is possible that a fall on the ice in his 61st year actually started the fatal process, since after that time the patient had difficulty in walking and a few months later developed periods of excitement with peremptory insistence on obedience to his wishes. Whereas formerly the doctor had finished up one literary piece of work after another, he now began to do very scattering work. He appeared in public to denounce certain financial schemes with great force and unusual eloquence. His eloquence was greatly complimented, and these compliments induced the doctor to a remarkable crusade against a certain corporation; there was so much truth mixed with the fiction of his eloquence that he obtained a considerable following in his campaign. He wanted to start a bureau of information for the instruction of the public on these matters, and he planned to put up a building adjoining his own home for the accommodation of the various clerks and writers in this bureau. . . .

"One morning the doctor was very excitable and noisy over the telephone, ordering typewriters and giving directions to mechanics. He repaired to Boston in connection with certain resources that he supposed (and gave others reason to believe) had been supplied by the Government and by a large newspaper. One evening he returned very late. It appeared that he had had a fracas at a hotel and had knocked down one or two colored porters, acting as though drunk. Upon being put to bed, the doctor talked incessantly of religious matters, proposing to undertake a Sunday School class. His interlocutor did not exhibit a particular interest in this scheme, whereupon Dr. Thompson threatened him with violence. Police and doctors were called in and a constant stream of conversation lasted for hours. The patient was finally brought to Hospital upon representation by physicians, to whom he told that his luck had turned, that he was about to be made senator from the district, and that he and Roosevelt were going to break up the trusts and that, as a matter of fact, he was a relative of Mr. Roosevelt."

Dr. Thompson was found upon examination at the hospital to be suffering from general paresis (brain syphilis) of many years' standing.[7]

Another example of the same:

Anna is a rather pretty young married woman. She came of a healthy family. Until the present trouble began she had always been considered of excellent health. Two years previously a little girl had been born to her whose head was abnormally large and who had never learned to walk, but even this had not made the doctors suspicious. (The child is, in fact, a congenital syphilitic and has been improving under treatment.)

One day Anna's husband came home and found her sitting in the cellar, unwilling to tell him why she sat there. She continued to do many queer things. She hid behind the bed, saying that someone was after her—someone that looked just like the Devil. She would go to bed right after breakfast, neglecting her baby and housework. She thought people followed her and once chased a boy down a block with a butcher-knife and once bought some carbolic acid with which to kill herself.

At this time several doctors were called, none of whom made a blood examination or a correct diagnosis. She became progressively worse. She dyed her clothes bright colours, daubed splotches of paint all over the kitchen, ordered ten dollars' worth of toys from the ten-cent store, ordered a bouquet from the florist to surprise her husband, who certainly needed his money for something else. She called up a great many of her girl friends and told them she was going to start a millinery shop, in which she wanted them to work. She said she had hired the first floor of a large office-building and was going to have the biggest shop in town. She announced that she and her husband owned five hundred cottages and that her husband's income had been increased to fifty thousand dollars a year.

Her husband said that he had noticed that she had had increasing difficulty in speaking. He also noticed that she made very serious mistakes in calculating the simplest figures sometimes and could not be relied upon to do any of the family purchasing. She became very gay and made bad breaks under very embarrassing circumstances without the least shame. She insisted that she never felt better in her life, laughed and joked and seemed to have not the least concern in what was obviously the greatest anxiety to everyone else.

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[7] E. E. Southard and H. C. Solomon: *Neurosyphilis* (W. M. Leonard, Boston, 1917), p. 289–92.

Physically she seemed perfect. A neurological examination, however, showed that her pupils did not react normally to light and that, while her arm reflexes were exaggerated, her knee-jerks were absent. An examination of the blood and spinal fluid gave typical findings of general paresis.

h. *Congenital syphilis*

When Eddie Ramsey was four years old he chopped a live cat in two with a hatchet. When his sister tearfully protested, he laughed and jeered at her. This is a typical instance of his childhood, which was replete with atrocities and offences against his family and society. He stole from his parents and from the neighbours, cruelly abused his dog, taught younger boys to use tobacco, which he ordered on his parents' account, and was expelled from school because he swore continually. Then he began chasing children at night, frightening them with terrible cries and threats.

He led a gang of boys who obtained money by raising the weigh-bills on chickens. When detected he ran away to the harvest fields, where he made fifty dollars gambling with the harvesters. When he came back, he forged a cheque and ran away again. When he was arrested for this, he only laughed, and pointed out the advantages of being in jail and not having to work. He was sentenced to the boys' reformatory, where he was very difficult to control, stirred up trouble among the boys, and was indifferent to punishment and reward alike.

Eddie is another case of brain syphilis; this time the syphilis was inherited from the parents rather than personally acquired.

Martin Mendenhall was assistant professor of English in a large eastern university. His students liked him, his faculty associates admired him, and he was regarded as a brilliant man whose achievement of an assistant professorship at thirty was prophetic of a great future. He supported a widowed mother, who idolized him.

Without warning and without particular provocation Professor Mendenhall's health began to fail. He lost weight and strength, ate and slept poorly, and suffered from numerous anxieties and needless fears. He worried lest he were doing less than justice to his school-work, and dreaded to meet his students or his confreres.

His mother finally persuaded him to consult a physician, but an examination revealed no cause for his difficulties. A verdict of "just nerves" was given and he was advised to take a vacation. He got a leave of absence and started for the mountains, but was removed from the train because of a queer attack of sleepiness from which he could not be awakened.

A more technical and expert examination was made and a specimen of the spinal fluid removed and subjected to laboratory tests, which indicated the presence of syphilis. He was horrified at this discovery and went at once to his mother with the news and with protestations of its impossibility. She then brought out the family skeleton and told him in detail of his father's infection from syphilis, and his death through neglect of treatment, and her vain hope that her son might escape infection. (Cf. Ibsen's *Ghosts*.)

Professor Mendenhall was immediately placed under treatment and returned to his position the following year. He has remained in good health since that time.

Ludwig Beethoven probably had congenital syphilis. Unfortunately, however, Beethoven and Professor Mendenhall are the exceptions rather than the rule, for most congenitally syphilitic children die young or live profitless lives.

2. THE HYPOPHRENIC TYPE

Stupid Personalities

The world is full of "dumb-bells." Everyone knows that. But not everyone knows their scientific names.

A personality handicapped by deficiency in capacity for thinking, learning, reacting to perceptions, making decisions—such a personality belongs in a group long designated by the term *feeble-minded*, but better called hypo- (insufficient) phrenic (mind). Mental deficiency varies in degree, as well as in kind, from complete "lack of brains" *(idiocy)* up through gradations called *imbecility* and *moronity* to *subnormality*, the latter being just perceptibly less than "average intelligence." No one knows precisely what "average" or "normal" intelligence is, so these border-line cases are often very difficult to recognize and label. Some of them even get to college. Several cases of "feeble-mindedness" were discovered among commissioned officers in the World War, according to the official reports.* Ex-soldiers tell me they have no trouble in believing this.

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* *The Medical Department of the United States Army in the World War*, Vol. XV, *Statistics*, Part 2, "Medical and Casualty Statistics Based on the Medical Records of the United States Army, April 1, 1917, to December 31, 1919, inclusive"; prepared under the direction of Major General M. W. Ireland, by Albert G. Love (Washington: Government Printing Office, 1925), pp. 90–1, item 68 B, columns 3, 9, 14.

BORDER-LINE CASES

George Smith had graduated from high school at seventeen and worked three years in order to save up money to go to college. He clerked in a store where he was regarded as efficient and dependable. He entered college with a full program. By scurrying around before school started, he lined up enough work to make himself self-supporting. He got up at half past three in the morning and distributed a morning paper. He attended classes from eight until twelve and spent the afternoon clerking in a store. From six to seven he served as a waiter. From seven to ten he tried to study.

He couldn't study very well. He thought it was because he was so sleepy from having got up early to carry papers. He didn't seem to be able to grasp the subject-matter. Possibly, he thought, it was because he had been out of high school three years and had forgotten how to study. At any rate he was soon reported as doing failing work in about two-thirds of his classes.

At first sight, there would seem to be many reasons why George was unable to keep up with his work. But before jumping to conclusions and trying to arrange other ways for him to finance his schooling, it would be well to look into his psychological-test rating. The mean score for his (freshman) class on the intelligence test known as the Army Alpha was 137. His score was 82. Soldiers with such a score were placed in what is called the C-plus group. It is not impossible for them to graduate from college, but it is exceedingly difficult and it is probably inadvisable for them to make the effort.

Harry Emerson was the son of a farmer who, having been deprived of a college education himself, was determined that his son should have one at all costs. Accordingly he and his wife had denied themselves for years in an effort to save up enough money to send Harry to school. His father was very proud on the day that he brought him to college and enrolled him in his freshman subjects. Harry was likewise quite proud of himself. He seemed to have no doubt whatever that he would march right through, as he had done in high school.

Later we found that his high-school achievements had not been so rosy as they had appeared. His willingness and determination had impressed his teachers favourably to a point that influenced their judgment of the real merit of his work. And so it was only a few weeks until it was quite evident that he could not do any of the college work. He was totally lost in his foreign-language course, his English essays were impossible, his laboratory work in chemistry was altogether unacceptable. In all classes he was reported as failing.

He was tremendously upset by it, but declared that he would study harder and make his parents proud of him yet. He seemed to have no fear of the future, but on the contrary he seemed to think that all that was necessary was for him to try a little harder and study a little longer, in spite of the fact that he was already putting about twice as much time on his work as any of the other students.

An intelligence test showed that he had done well to finish high school, but could never in the world be expected to do college work. It was impossible to tell his father this in view of the circumstances; so while it would have been cheaper in some ways to have redirected his life, after six weeks' trial we felt it advisable to let the natural laws of college take their course. At the end of the semester he failed in everything, but, nothing daunted, he re-entered again the following fall, only to fail in most of his subjects. Several conferences with his father followed, in which it was tactfully suggested that something less academic and more practical would be better suited to Harry's personality requirements.

One should never be too sure, even on the basis of apparently very definite tests.

There are numerous recorded instances of children being regarded as feeble-minded who subsequently proved their intellectual superiority. James Watt was considered dull by his schoolmates; William Lloyd Garrison was surpassed in learning the alphabet by his much younger sister; William Warburton was considered by his first teacher to be "the dullest of all dull scholars"; Thomas Aquinas as a child was called, for his slowness, a "dumb ox." [8] I know a very competent physician, who graduated from his university with honours, who was considered feeble-minded as a child and kept in the first grade several years. Professor Thomas Edward Shields has written up his own case in an autobiographical volume.[9] From nine until nineteen he was considered hopelessly stupid; at the age of sixteen, he says, he could not write his own name.

Mary Mason was sent to me by the dean because she was failing in most of her work. I found that in addition to great difficulties in studying, she was having trouble with her room-mate, was burdened down by jealousy of her sister, was alternately tearful and cynical, and was regarded by the students as moody and disagreeable. She was totally discouraged with college and was home-sick, and thought she could never be popular or successful in her work.

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[8] See Cox: *The Early Mental Traits of Three Hundred Geniuses* (Stanford University Press, 1926); and Walsh and Foote: *Safeguarding Children's Nerves* (Philadelphia: J. B. Lippincott Company, 1924).

[9] *The Making and Unmaking of a Dullard* (Washington, D. C.: Catholic Educational Press, 1909).

Upon looking up her intelligence-test rating, I found that it was about the same as those of the two previous students, indicating that her intellectual capacity would probably never exceed that of a fifteen-year-old girl. Accordingly I wrote to the dean that it was probably not worth while struggling on with her because she lacked the intellectual capacity to do college work and was having adverse emotional reactions to her difficulties.

What actually happened is that she developed influenza and pneumonia and had to leave school for a semester; when she came back, she got down to work with such energy that a year later she was doing average, or better than average, work in every subject.

Another case with deceiving appearances:

Dr. Seif of Munich, Germany,[10] reported the case of a boy who was brought before the juvenile court because about one hundred and forty cases of truancy were charged against him. The school for the feeble-minded felt hopeless about his future because the boy had a very peculiar lack. He could not read at all. When he tried to read, what he brought out was pure nonsense and nobody could understand it. The teacher who attended the educational conference was absolutely sure that a boy as feeble-minded as that was hopeless. The psychiatric clinic, on the other hand, was doubtful about his feeble-mindedness.

Yet this boy who couldn't read after eight years of training, learned to read very well in nine weeks! His parents had lived in Switzerland and came to Germany eight years ago. The boy was then about six years old and he had to go to school. He had spoken a certain Latin dialect and could not understand German and so he did not make good progress in the German school. He was laughed at and the teacher was not at all satisfied with him. The same thing was true in the second year; the third year he was sent to a school for the feeble-minded.

His situation at home was found to be very bad. His sister was only a year younger than he. She came to Germany when she was five years old, and so she had a full year in which to learn the language, with the result that when she entered school she was much better prepared than her brother had been. The mother always praised the girl, and the boy was entirely discouraged. Little by little the teacher came to despair of his ability to develop, thus closing the last opportunity. And of course the jealousy, the envy towards his sister, and the deprecation by his mother and teacher accomplished the result that seemed to be feeble-mindedness.

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[10] In discussing a paper by Dr. Neil A. Dayton (see *American Journal of Psychiatry*, Vol. VII, no. 5, March 1928).

MORONS

The "moron" grade of feeble-mindedness can be recognized fairly definitely by tests; morons possess the intellectual capacity of children from eight to twelve years old.

Stationed regularly at a busy corner in a certain city is a dwarfish man with cold, red, wet hands, narrow eye-slits, and coarse features. He is familiar to everyone who habitually passes that corner in the evening. The newspapers regard him as one of their most faithful newsies. Occasionally he disappears for a year, but sooner or later he returns and is once more regularly on the job.

He is well known to the Provident Association. Many jobs have been got for him, but he lasts only a few days. When sent to carry out ashes, for example, he sets the bucket down and walks off, forgetting his mission entirely. Dispatched to the store on an errand, he forgets what he is sent for. What little money he gets from time to time he spends all at once without any concern for the future.

When he is asked why he does not hold his jobs better, he says: "Oh, I don't know; I just do that way. There is something wrong in my head; I can't think of anything. I don't know what I want to do. I pick on the smaller boys when I ought not to. They say I am feeble-minded. I don't think I am. I've made my own living for four years. Anyway I'm not crazy. But there is something wrong with my head."

"Chuck had met Flora on the street and said 'How about a show, Blondey?' to which she had replied, 'O Boy!' With this introduction matters had gone far before she even knew his last name—a name which she was now to assume under a wedding bell of Easter lilies. We social workers did not approve of the wedding any more than we had approved of others about which our opinion had been asked. But both high contracting parties were of legal age, however low their mental ages might be (Flora's was between ten and eleven as it happened, and Chuck, who was very dull but not quite so feeble, scored a scant year higher), and they wanted to marry, so there was nothing to do but ring the wedding bells, turn on the 'Lohengrin' record, throw rice and old shoes, and wait for the inevitable. Incidentally, let no one underestimate the value of an elaborate wedding for morons, if wedded they must be. The mere signing of a license is essentially too abstract and trivial a formality for those who cannot grasp the idea of law. It takes more than a scrap of paper to hold the family together after a quarrel. But if the veil is long enough, enough jokes are made by the best man, and enough shrieks uttered by the bridesmaids, the impression is made upon the dimly-endowed pair that something really important socially has taken place. They are helped thereby to remember that somehow the clergy and the police will see to it that the bride does not sell the household furniture behind her husband's back, and that he will not leave her with the rent to pay. So Flora married Chuck on $20 a week, and they went to housekeeping in two furnished rooms.

"Flora had been getting $12 and her lunches as a dishwasher in a restaurant, but that could not continue for long. This aspect of the case, however, was not discussed very much, for Chuck seemed genuinely fond of his Flora, and was marrying her under no outside pressure. Ultimately therefore, Flora must budget his $20 a week to cover rent, food, clothes, movies, gas, tobacco, lipstick, chewing-gum—and layette. . . .

"Flora's good nature had often led her into difficulties, not only with agents in the way of rash purchases, but with friends in the way of picking up joyrides, calling out of the windows to people she did not know, wearing ultra-conspicuous dress when she and Lucille (whom she soon took as a boarder) went shopping, and over-indulgence in matinées which neither could afford, and in which her flirtations with the trombonist made Chuck very jealous. Lucille, as a temporary widow, felt that she had a right to flirt with whom she chose, and Flora, from long habit, followed her example. In what words shall one urge the laws of morals and good taste upon a moron of flaming cheeks and healthy appetites, whose inclinations are those of an adult body with a child's mind? Unfortunately there is no value in exhortations unless one's auditor understands the words in which they are phrased, and what do Flora or Lucille (or Chuck for that matter) understand? All of them stuck in the fifth or sixth grade in school until they were so large that they were ashamed to be seen with the smaller children, and were tired of being scolded for not getting their lessons."[11]

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[11] Eleanor Rowland Wembridge: "The People of Moronia," *American Mercury*, Vol. VII, no. 25, (January 1926), pp. 2, 3–4.

Morons are considerably limited in powers of adjustment; they can succeed only under favourable conditions, and hence social and economic failures are frequent.

Why do children leave school? Why do so many men receive low wages? One reason may be inferred from a glance at the three parallel columns of the following table (bearing in mind that each set of figures was compiled and given out by a different department of the Federal Government, without collusion. The first column was published by the Department of Labor, the second by the Department of Education, and the third by the Department of War.*

WAGES	SCHOOL	INTELLIGENCE
Of 100 average wage-earners	Of 100 average children	Of 1,700,000 soldiers
9% earn $150–200	13% leave in 4th grade, age 10	10% in "D" group, mental age 10
12% earn $250–300	13% leave in 5th grade, age 11	15% in "D" group, mental age 11
16% earn $350–400	14% leave in 6th grade, age 12	20% in "C" group, mental age 12
31% earn $450–600 (per year)	27% leave in 7th & 8th, age 13, 14	25% in "C" group, mental age 13, 14
68% earn less than $15 per week	67% do not finish 8th grade	70% are below mental age of 15
27% earn $750–1000	10% attend high school	16½% in "C" group, mental age 15
3% earn $1250	3% graduate from high school	9% in "B" group, mental age 16, 17
2% earn over $1250	1.5% attend college	4½% in "A" group, mental age 18, 19

Statistically, 40% of the occupants of the alms-houses of Georgia, which were recently surveyed, were found to be feeble-minded (chiefly morons), and 34% of the county jail prisoners; 17.5% of the men and 43% of the women in the state prison; 24% of the boys and 27% of the girls in the state reformatory. Similar statistics have been derived from mental-hygiene surveys of various other communities, east and west (made, for the most part, by representatives of the National Committee for Mental Hygiene).

Morons frequently get caught for crimes that smarter persons "get away with." Their mental deficiency is related both to the offence and to the capture. Few judges, however, give it any consideration in the subsequent disposition of the case. Much crime would be prevented if they did.

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* From *Human Efficiency and Levels of Intelligence,* by H. H. Goddard, Princeton, Princeton Univesity Press, 1922.

Edward Foster was the son of the oldest Foster brother, the most successful member of a prominent family of prosperous farmers. He was an only child and the sole interest of his simple-hearted, simple-minded mother. She was proud of everything he did and everything he was. When he brought home more squirrels than anyone else in the party, when he was elected captain of the grade-school football team, when he whittled a little windmill out of a pine beam, she went into ecstasies of maternal pride and pleasure.

In school, however, Edward was not so successful. Before he finished the seventh grade his work was becoming increasingly unsatisfactory. Several times he was put back to complete some of it.

A marked change seemed to take place in his disposition. As he was increasingly baffled in his school-work, he became increasingly active in certain less commendable directions. A group of boys about his own age who were regarded as the "bad element" of the neighbouring towns were glad to include him in their gang. It was in connexion with frequent association with them that a small quantity of liquor was found to have a disproportionately severe effect on him and it was one of the amusements of the crowd to see what a variety of manifestations could be stimulated by this means. Such experiments, however, only cemented him the more firmly to the group. The fact that he was the son of a wealthy man and even had his own automobile made him particularly desirable to them, and the exaltation which they made him feel because of this adulation compensated in some measure for the inferiority he felt in school.

He began disappearing from home for long periods without giving notice beforehand or explanation afterwards. The neighbours began to say he was a little wild. His father was distressed, but, being a quiet and very busy man, he did nothing about it. His mother didn't believe it.

Meanwhile his amiability had made him a convenient tool for a chain of bootleggers, who prevailed upon him to use his car to transport liquor across the state line. These trips were the occasion of his introduction to opportunities for sexual promiscuity. Having wandered thus far from the standards and ideals of his home, it was not a great step to the stealing of automobile tires, jewellery, and similar articles in company with the "gang." It was on account of such thefts that he was finally taken in hand by the state authorities.

The judge admitted himself much puzzled by the fact that a man of wealthy parents and good upbringing, with an opportunity for a useful and prosperous life, should be involved in such petty and persistent delinquencies. He made an excellent appearance and impression, his physique was above the average, and it was not surprising that the judge, with his lack of information regarding the boy and regarding the motivation of human conduct in general, should have been satisfied with the explanation of bad company and sentenced him to the industrial school.

Careful examination revealed the fact that Edward was definitely feebleminded, with an intelligence equal to that of a ten-year-old child, which of course could not be raised by the best industrial school in the world. The recommendations for supervised parole were approved by the Governor. Edward now manages his own farm, unassisted, and has never given his guardian the slightest anxiety.

(Can a feeble-minded man run a farm? No, not as a rule, any more. The financial stress of recent years has forced most of the feeble-minded into other vocations.)

The Rotary Club thought that Walter Baker was a real boy. He was sixteen years old. He had read *Tom Sawyer* and he and his comrades had organized a robber gang, and signed their names in blood to a promise that none would reveal the identities of the others. Down on the river they found a cave, which they made their head-quarters. They had frequent and joyous councils in this rendezvous. Here it was that they hatched plans to carry on divers pieces of deviltry. They sent out spies to discover what citizens of the town had planned to go to the movies, waited until the occupants had left their homes, and then burglarized the houses. They made skeleton keys, which usually did not work, but anyway they found it more romantic to pry open windows and clamber in through them, even though the front doors were left unlocked.

They also found it highly thrilling to engage the interest of various high-school lasses of easy virtue and discussed in detail their sexual experiences for purposes of competitive comparison.

Walter was the leader of this gang. He was one of several who were finally arrested and sent to the industrial school.

Many readers, visualizing their own rebellious youth in more or less romantic terms, gilded by a convenient memory and protected by various defence reactions, will say: "Now, why should they send a boy up for a thing like that? He is a perfectly normal boy. He ought to have been curbed a little for some of these stunts, but who hasn't done something of that sort?"

The only flaw in this reasoning is that Walter did not turn out to be a perfectly normal boy. In the first place, his thefts were much too frequent and much too serious to excuse on the basis of mere boyhood pranks. In the second place, Walter didn't escape being caught. In the third place, careful mental and psychological examinations indicated that he was distinctly feeble-minded and unable to do more than fifth or sixth grade work.

But ninety per cent of the morons are peaceful, law-abiding citizens; most of them usefully employed. Much of the dirty work of the world is done by cheerful morons, and with special supervision and training they can be used even more advantageously.

Wendell Thompson was the son of outstanding and respected parents. One of his brothers was a lawyer, one was a popular college student, and one sister was a teacher of music.

But it never seemed likely that Wendell would achieve much in any direction. From his earliest childhood he was painfully aware of his inferiority in every respect. His older brothers, and even his younger sister, rapidly surpassed him. In the children's games he was dull. In school-work he lacked alertness and interest. He seemed incapable of adapting himself easily or successfully to any situation. He took no interest in any of the games, chiefly because he couldn't quite understand them.

Yet in spite of this general ineptitude, which increased as he grew older, he was an amiable boy, whom people rather liked and perhaps pitied and at least felt comfortable with. He appreciated this friendliness and hence confided volubly in many of the friendlier ones. He permitted himself to be imposed upon in small ways, but nourished no grudges on this account. He tried a number of jobs, but they were either too difficult for him, or else he lost interest and quit. He gave up school, after much patience and forbearance on the part of the teachers, in the sixth grade.

"Doctor," he said, "I wish I could stop chewing and smoking. I've just got to stop it. I wish I could stop running around nights. In fact, I have decided I am going to stop running around nights. You know you can't do that and do good work the next day. And I'm going to get a good job now. I want to be a farmer. I think maybe I could get a job on a farm. All I want to do is to get started on a farm. Plant alfalfa and watch it grow. And there are cattle, too, good cattle, on a farm."

And Wendell made a good farm-hand under a wise man's direction.

A certain restaurant in Boston was reputed at one time to be giving intelligence tests to every prospective applicant for the position of waiter. Applicants who made an intelligence rating above a certain point were rejected, because it was found that the morons made the best waiters. Once trained to the task, they were steady and dependable and were not likely to become dissatisfied and leave to take better-paying positions.

It is probable that vast numbers of factory employees and men and women doing common labour would be classified as morons technically. Textile industries are regarded by those in charge of the training of frankly feeble-minded girls as an excellent opportunity for remunerative employment for them. At Rome, New York, for example, Dr. Bernstein, superintendent of the State School for Mental Defectives, found it possible as early as 1917 to introduce girls whom he had trained in his school into knitting-mills at Oriskany Falls, Richfield Springs, Clayville, and other mill towns.[12] Their efficiency was found to be seventy-five to one hundred per cent of that of the so-called normal operators. Dr. Emily Burr, director of the Vocational Adjustment Bureau, New York City, which is an organization for finding employment for maladjusted girls, has found that subnormal girls find many openings in textile trades, as illustrated. Compare this with the waste at the average state school for the feeble-minded.[13]

IMBECILES

Imbeciles, unlike morons, are a total loss if left to their own devices and must be specially provided for. Hence the state and private schools for feeble-minded children. It is amazing how much can be done for some of them by properly adapted educational methods and adequately trained workers.

The following case was observed in the Southard School for Exceptional Children, under the direction of Miss Stella R. Pearson.

When Bernard was admitted to the Southard School he was a noisy, restless, erratic, disobedient, clumsy little fellow who was the despair of his mother and teachers. From early delicacy and frequent illnesses he had grown to be physically sturdy, and because he was active and talkative he appeared to be superficially an average child. But a year in kindergarten and two years in the first grade had been a total failure. He could not count above ten and could write only a few digits. He could repeat parts of a few jingles with much prompting, could read reluctantly a few sentences, but absolutely refused to write.

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[12] *Industrial Psychology*, June 1927.

[13] A very complete list of industries operated by adult morons, imbeciles, and idiots at the Walter E. Fernald State School in Waverley, Massachusetts, is given by Dr. C. Stanley Raymond, in *Industrial Psychology*, September 1927.

His manners and social behaviour were correspondingly untutored. He galloped instead of walking. He carried on his incessant conversation in shouts. He displaced the other children in games and was openly defiant.

Examination showed him to have a mental age of four and a half years. His actual or chronological age was nine years. After several months of careful individual training the child was almost transformed, and, although he still made vigorous efforts to attract attention, his boisterousness and excitability had practically disappeared. He memorized twenty-six Mother Goose rhymes and the words to nine songs, which he sang more or less correctly. In schoolwork he learned fairly soon to write numbers through twelve and to count to fifty. He said he was interested in numbers so he could "figure up the cost of tractors." "They cost such a bloomin' lot of money," he remarked.

He developed a good sense of order and was so much interested that often after school-hours or on Saturdays, when there was no attempt at routine work, he would say: "What shall we do now?" He was finally very proud of having learned to write and read with only slightly less ease than a normal child.

Imbeciles and idiots can often be recognized early in life by certain symptoms of retardation.

Mr. and Mrs. George Smith had looked forward eagerly to the arrival of their first-born. The little child came into a home where he was very much wanted and very much prepared for. Mrs. Smith had read everything she could get her hands on with regard to the bearing and rearing of children. She knew precisely when the first tooth should come, at just what age the child should be permitted to stand up, just what words were first to be expected, and when.

But none of these things happened according to Hoyle or Holt. The child's birth had been uneventful and the first few months were like those of any child, with perhaps a little more than the warranted amount of crying and restlessness at night. There was some difficulty in feeding and there were some attacks of croup and some bad colds, but these the parents took as part of the bargain and it was not until the child was nearly two years old that they realized that something was not quite as it should be. Little Tommy cried a great deal and made no effort to talk or walk. Friends told them that this was frequently the case, that some children did not talk until they were several years old. This helped them to keep up their courage for another year, but Tom was a dull and uninteresting child; he did not reach for things; he did not want to play with his daddy, or laugh when tickled, or smile. He was nearly three before he said any words and they were almost inarticulate. He did not take any interest in other children; he preferred to sit by himself on the floor, aimlessly clasping his hands together, or pounding the floor with a little stick.

Kind neighbours thought he must be deaf. Unkind relatives said he was badly brought up. By the time he was seven it was clear that he was a very backward child. He said only a few words. He was listless, apathetic; occasionally he screamed and fought vigorously against the most obvious necessities. He was in no way capable of caring for himself. He would not dress or undress himself and he fed himself only in the most crude and inefficient fashion.

There may or may not be physical stigmata; that is, sometimes anyone can, and sometimes no one can, suspect mental deficiency from facial appearance or physical development.

There is a wide-spread belief that it is possible to detect feeble-mindedness by facial appearance. "Why, you can tell it from his looks," people will say; or, more frequently, they will insist that a specified individual cannot be feeble-minded because of his fine appearance. How erroneous this is can best be illustrated by citing the experiments of Lloyd N. Yepsen at the renowned training-school for the feeble-minded at Vineland, New Jersey. Yepsen selected twenty-five feeble-minded boys and twenty-five normal boys of the same general age group; he combed their hair and standardized the background and garbed them all the same, and then photographed them. Then he submitted these photographs to groups of students, including some experienced with the feeble-minded. Their efforts to pick out the feeble-minded from the normal were no more successful than would be the selections of a blindfolded judge. In other words, the selections made from photographs, although made after careful scrutiny, were in the same ratio as would have occurred in random picking according to the laws of chance. These results might be slightly different if motion pictures were made so that the mobility of the features, the gait, posture, and carriage, were compared. But the feeble-minded are not conspicuous except in the extreme cases.

IDIOTS

Idiots have practically "no brains" at all. This is sometimes literally true; an examination of the brain cortex shows obvious gross deficiencies in size, form, and configuration which one who had never seen a brain before could recognize. In other cases the brain *appears* normal; and although we can postulate that in such cases microscopic examination would reveal a conspicuous absence of nerve-cells despite the well-formed supporting structure, curiously enough such researches as have been conducted do not always confirm this postulate. For practical purposes it may be assumed by the reader that idiocy, the lowest grade of feeble-mindedness, is practically always dependent upon defective brain structure.[14]

The following are some of the well-recognized types:

Mongolian, characterized by Chinese appearance and other physical signs, plus a sweet cheerful disposition; many "Mongolian idiots" are really imbeciles, rather than idiots;

Amaurotic, characterized by congenital blindness;

Familial, characterized by sudden appearance and persistence in tainted families;

Hydrocephalic, characterized by huge heads, caused by "water on the brain";

Microcephalic, characterized by small heads (under-developed skulls);

Little's Disease, characterized by paralysis and convulsions; all caused by hæmorrhagic injuries of the brain at birth;

Encephalitic, characterized by the residual symptoms of an inflammation of the brain;

Syphilitic, characterized in most instances by no special ear-marks, except chemical laboratory tests; occasionally certain physical signs;

Cretinous, characterized by other evidences of insufficient thyroid-gland secretion;

Fröhlich's, characterized by excessive fat deposits in the body, and deficient genital development;

Cerebral Agenesis and *Aplasia,* characterized by incomplete brain development.

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[14] See the incomparable studies of Fernald, Southard, Taft, Canavan, and Raeder, the "Waverley Researches in the Pathology of the Feeble-minded," *Memoirs of the American Academy of Arts and Sciences* Vol. XIV, nos. 2 and 3 (May 1918 and December 1921).

HEREDITY

Some kinds of feeble-mindedness are hereditary—that is, transmissible by heredity from parents who may or may not show it themselves. Such families as the following show why segregation and sterilization of the feeble-minded are so strongly advocated.

"Bennie B. 18 years old. Mentality 9. Has been here 8 years. American born; nationality of parents unknown.

"Bennie has gone through about the usual course for children of his mentality. In eight years he has learned to count a little, and manipulate figures, learned to read a little, and write a simple childish story; his penmanship is very bad, also his figures, and his papers slovenly looking. . . . On the industrial side he has steadily improved and can make nice baskets and do good work in the woodworking room. . . .

"With these children it is always a question of instinctive interest; we cannot rely upon their doing things to any great extent from any associated interest, consequently the efficiency with which they work in any given line depends on how much they enjoy it and how much they are interested in it. . . .

"Bennie's family chart shows an unusually bad condition of things, possibly because we have been more than usually fortunate in tracing his people. Bennie is one of seven children; the father and mother were both feeble-minded and . . . have defective brothers and sisters and the father is in turn the child of two feeble-minded parents, while the mother's mother is also feeble-minded. . . .

"In this family we have twenty feeble-minded individuals. . . . In spite of all that, this boy had to be dismissed from the Training School, is now at large and will almost certainly continue the race of defectives to which he himself belongs."[15]

"Malcolm W. 22 years old. Mentality 10. Has been here 3 years. American born, of American parents. Had convulsions at four months, whooping-cough at four years, measles at seven, scarlet fever at nine. Has had pneumonia. Illness is given as the cause of the condition.

"Malcolm is a typical moron; learned to talk at the age of five; has slightly defective speech. He came here when he was nineteen years old; has learned to be generally useful about the barn and the cottage. . . . He can read and write a little, but his spelling is bad; he evidently has not been trained to do as much as he might have done, and yet he is quite as happy and quite as useful as he would have been had time been put upon this phase of his education. The following short letter is representative of Malcolm.

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[15] Goddard: *Feeble-mindedness, Its Causes and Consequences* (New York, Macmillan, 1914), case 16, pp. 96–7.

Vineland, N. J.
Aple 29, 1910

Dear Mother
I hope you got home save I wood like to
have gorne with you.
We have a new boy and look to be a nice won. I
wood like to com hom on my birthday it is not fare
of We had som moveing picture on Wesday and thay
were pretty.
With time did you get back home it mich of been late?
from your Loving son
Malcolm

"The family history is a most interesting one. Malcolm is the only living child of his parents, although there have been nine conceptions. The rest resulted in miscarriages or stillbirths. The mother is a normal woman and seemingly of a normal family; the father is also a normal man but evidently a carrier of defect, since his mother was feeble-minded. . . . To confirm our theory that the father must have been a carrier of feeble-mindedness we have only to look at an older brother who is feeble-minded and married a feeble-minded woman. They had twelve children of whom two died in infancy and all the rest were feeble-minded. There is no doubt that Malcolm has inherited this defect thru his paternal grandmother."[16]

In contradistinction to this, however, the progeny of feeble-minded parents sometimes turn out surprisingly well. Some years ago Dr. Walter Fernald, then superintendent of a state school for the feeble-minded in Massachusetts, made a study of the offspring of some of the older children who had escaped from his institution and got married. To the considerable discomfiture of the eugenicists, he found that a number of them had achieved considerable distinction, that several were holding public office, that at least two were teachers in high school, and that many of them were economically independent. Clarence Darrow has vigorously exploded the myth of the Jukes versus the Edwards families, which is so often and so tiresomely repeated.[17]

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[16] *Ibid.*, Case 14, p. 94.

[17] "The Edwardses and the Jukeses," *American Mercury*, Vol. VI, no. 22 (October 1925), pp. 147–57.

THE EFFECT OF CERTAIN EXTERNAL FACTORS ON FEEBLE-MINDEDNESS IS SOMETIMES DIFFICULT TO PREDICT

Thousands of recruits were rejected from the draft in the World War because of feeble-mindedness. On the other hand, many feeble-minded boys made successful records and even won distinguished honours, while thousands of their more gifted brothers were being returned to base hospitals with "shell-shock."

During the influenza epidemic of the same period I made a study of the effects of the disease on the feeble-minded population. In most instances it had no effect. In a few cases it made the condition worse.

A lad, aged ten, of American parentage, previously very dull in school, but well enough behaved, after an attack of influenza became much disturbed and was brought to the hospital for care. When his excitement subsided, it was found that his intellectual level had apparently fallen even lower than before. The diagnosis, on admission, was "low grade moron"; on discharge, "high grade imbecile."

In at least one properly celebrated case influenza apparently brought about great improvement.

Helen, aged six, was the daughter of college-bred parents. Her maternal grandfather and his four brothers all had had "nervous break-downs." She was born with difficulty and had had a stormy infancy, with pneumonia at ten months, delayed dentition, etc. She had never learned to talk or to control her excreta. She had learned to walk after three years.

She was admitted to a school for feeble-minded children when four years old. Physically she was practically normal. "She sits and gazes at the end of a colored stick, waving it back and forth. She gazes fixedly at the ceiling. Screams violently if crossed in her play." The psychometric test rating was ten months (Stanford-Binet).

In October 1918, at the age of five, she was taken ill with influenza, followed by broncho-pneumonia, and this by empyema (purulent pleurisy). During the long convalescence she began to talk and to be tidy, learned to feed herself, learned the letters of the alphabet, attended kindergarten, and co-operated with teacher and physicians. The Binet test rating in April, seven months after the influenza, etc., was two years and four months. In January 1920 it was three years and ten months, an improvement of four hundred and fifty per cent, thus measured! In 1922 it was approximately six years and she continues to gain!

BREAK-DOWNS AMONG THE STUPID

The vast majority of the stupid personalities in the world get along quite satisfactorily. Those whose handicap brings them into conflict with an environment too complicated for their powers of adaptation find refuge in flight or failure, like any other personality. Some of the pictures of failure resulting have been indicated in the foregoing.

Feeble-minded people may "go crazy"—that is, the distress of a too-difficult situation may break down the unity of the personality so that the behaviour is grossly incompatible with social life. But this is not the rule.

The typical extreme failure in the stupid personality is inadequacy, inability to learn, and failure to develop mentally. This, in children, is a situation demanding our help. The help needed is proper environment and proper training.

Provisions for the feeble-minded who need institutional care are very inadequate. There are at least four low grade feeble-minded persons to each thousand of the population in this country. No state in the Union has provided for more than ten per cent of its dependent mental defectives, and most of them for less than ten per cent. More and better schools, state and private, are needed. Special classes in the public schools for cases with favourable homes, for training in habit-formation and manual training are commendable if properly conducted and supervised. Just thrusting all of the eccentric, unstable, backward, and problem children into one so-called "opportunity room," or "ungraded class," as is done in so many cities, without psychiatric study or specialized attention to the individual, is an atrocity and a crime. It is comparable to the creation of a "fever room" in hospitals into which all patients whose temperatures are found to register above ninety-nine degrees are thrust, regardless of any other symptoms or complaints. In such a room all receive one sort of treatment, regardless of diagnoses. It is remarkable, but credible, that a few do survive!

A child whose mind is confused, clouded, or unhappy needs help more than a hungry boy. The hungry boy will seek for food; the misunderstood child does not know for what to search. Ordinary schooling, ordinary training methods, are of little value and sometimes even harmful. His problems and the problems of his parents in fitting him into a place in society require the knowledge and skill of those who are expert in such work. Such experts and such expert training are available only in special schools.

Such schools have the further advantage of grouping together children with similar difficulties. This affords the mentally crippled child an environment which does not crush him with a painful sense of inferiority; he is surrounded by little friends who are just as baffled as he, whose wistful strivings towards goals that some find so easy are just as slow and just as difficult as his own. They laugh *with* him instead of *at* him; they are happy together because they understand each other and are understood.

3. THE ISOLATION TYPE

Lonely Personalities

Among the personality types prone to failure in social adjustments, the seclusive, withdrawn, queer, eccentric, grotesque, odd, unsociable types are both conspicuous and numerous. Analysis discovers that these are really of two sorts. Some are "constitutionally" unsocial and really prefer to be left out of it, although they may possess graceful social technique; the other group is made up of wistful derelicts who long to dive into the swim and either don't know how or are held back by restraining fears.

The former are called "schizoids." More of them anon. The latter ought to be christened something—"isolated personalities" will do as well as anything. They are those who have been artificially withheld from human contacts to the point of developing curious deficiencies, mannerisms, attitudes, oddnesses, which serve to preclude their absorption or amalgamation into the group when, later, opportunities do develop.

The "rube" is an example. However funny on the stage, in real life the "rube" is a tragedy—an enormous failure in social adaptation. He sometimes comes to college, as some of us know, and sometimes leaves college only a little less "rubish" than he entered. It is a task indeed to alter a mould that has been setting for eighteen years.

The farms of the west and the great cities of the east develop two different types of provincialism, or "isolation," equally extreme. It is in the towns and small cities that socialization reaches its height. But geography and transportation facilities are by no means the sole determinants of breaking the shell. Isolation may result from many other things.

There are many examples in history of the "constructive compromises" of these lonely personalities struggling with a world for which they were ill prepared. Newton Arvin has recently pictured Hawthorne as the product of "abnormal seclusion," due partly to invalidism, partly to a morbid mother, eloquently proclaiming in all of his writings that "the essential sin . . . lies in whatever shuts up the spirit in a dungeon where it is alone, beyond the reach of common sympathies and general sunlight. All that isolates, damns; all that associates, saves."[18]

Similarly Sir Walter Scott was deflected by illness from the practical affairs and personal contacts of life and wrote himself into fame by setting down on paper his romantic fancies. Beethoven's deafness, Erasmus's illegitmacy, Byron's lameness and his incredible mother, Pope's stature, Swift's deformity, Samuel Johnson's psychopathic parents and defective sight—add these and many others to the list; the vast majority of isolated personalities lead lives no less lonely and far less productive.

CLINICAL ILLUSTRATIONS

Isolation by reason of geography

"Two sisters from a family none too comfortably situated left a small mountain state to attend a very fashionable state university that is noted for its social functions. Their attendance was made possible by the fact that an uncle, who was very fond of their mother, resided in the university town. The high-school career of these sisters had been in no way out of the ordinary. They had manifested the usual amount of indifference to their studies and to their teachers, and had attended all the simple, but enjoyable parties that were given by the students. In the university, however, they found themselves left out of social functions that play so important a part in the student life.

"After two years at the university they went home for the summer vacation. The plain, simple Swedish girls who had left two summers before returned as intellectual snobs. Education and learning, so they thought, were the most important things in existence. The simple frankness of the two high-school graduates of two years before had been supplanted by a snobbishness, a sourness, and a bitterness" that ill disguised their frustration.[19]

Isolation by reason of being an only child

At the age of two, Irene was the centre of the concentrated interest and acclaim of two parents, four grandparents, two great-grandparents, and sixteen uncles and aunts.

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[18] Newton Arvin: *Hawthorne* (Boston, Little Brown & Co., 1929).

[19] Donald A. Laird, Ph. D.: "Case Studies in the Mental Problems of Later Adolescence with Special Reference to the Mental Hygiene of the College Student," *Mental Hygiene*, Vol. VII, no. 4 (October 1923), p. 718.

At the age of four, Irene was the single engrossing object of her mother's time, interest, attention, and love.

At the age of six, Irene was a lonely child, peering wistfully out of the window at neighbourhood children, envying them their brothers and sisters. Her mother's exhortations pushed her into the play occasionally, but she was shy and diffident; a few minutes found her standing on the side lines unnoticed and unmissed, and after a session of silent and envious observation she would slip away to play by herself in her playroom of dolls and fancies. She gave trees and pieces of furniture the names of fancied child playmates, and talked to them, scolded them, entreated them.

She became more socialized in time, thanks to the public school, but she was always a grade ahead of her age and far more worldly-wise and versed in the ways of adults than her schoolmates. A suggestion of disdain covered up (?) the traces of her loneliness. She found a chum whom she could dominate, and until they grew tired of each other she made the most of the opportunity.

At sixteen she was through high school, but considered too young for college and kept at home a year by her parents. "We just can't bear to give her up to go away from home to school; you know she's our only child and she's such a companion to us. Why, I really just take her with me like I would another woman of my own age, and talk to her just the same. . . . She's so mature, and yet she's still my baby girl!"

In college she was a cold, disdainful, self-centred little snob. She was elected to a sorority of social pretensions and made a very representative member, in that she held her head high, purred softly upon occasion, and kept up the proper front. She utterly disregarded all of the rules and regulations of the chapter, however, and managed to do so with impunity by a haughty unquestioning assumption of prerogative which her sisters feared to challenge. She considered her own comfort and profit first and last.

She graduated with few acquaintances and fewer friends, and a reputation for belonging to the upper crust. She married a man who threw himself at her violently and swore to be her slave as long as he lived.

Now she is engaged in keeping him to this vow. They have no children. She is too busy.

Isolation by reason of esoteric home training

A cadet at West Point "complained of depression and a feeling of insecurity. He had been brought up in a home in which he had no companionship except that of his father and his father's friends. The other boys in the neighborhood were not considered suitable company for him; he knew no boys his own age and did not play boys' games. One can imagine the adjustment with which he was confronted upon being thrust suddenly into an environment of 1,200 youngsters of his own age. His colleagues considered him peculiar from the beginning and this, of course, added to his difficulties. After a feeble effort to adjust himself, he gave the situation up as hopeless and sought the quietude of his room and his books. Without any attempt to go more deeply into the problem, he was told that his reaction was decidedly unwholesome and was urged to make more contacts. His progress was slow at first, but it was consistent. I had an opportunity to observe this cadet for three years, and I know of no case in which a more gratifying result was obtained. He did not become a class leader, but he was just around the corner from it when he graduated." [20]

Alice is an only child, and the sole object of the adoration of her parents and grandparents. Her mother was also an only child.

From the very first, Alice had been trained to be "a little lady"—that is, in everything but her temper, which was uncontrollable even before she could talk. As a baby, whenever Alice was refused anything she wanted, she screamed and cried and then held her breath until her mother was frightened into giving her anything she wanted.

When she grew older the process of "breaking Alice's temper" began. It seemed to imply constant surveillance on the part of her mother and grandmother. The latter, who prided herself upon being a southern gentlewoman, considered Alice too dainty a child to be allowed to soil her clothes and conversation by contacts with the common little neighbourhood children. Alice mustn't play boisterous games, with yelling and running in them. She played with dolls, but her dolls were little aristocrats, too, who didn't associate with other, common dolls. Alice played alone usually, but most of her time was spent with her mother and grandmother.

When she started in school, she was always detained by her mother until the other neighbourhood children had gone on to school. When they had gone, she was told to hurry on to school, and not to loiter on the way home, for she must practise her music lesson right after she got home.

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[20] Major Harry N. Kerns: "Management of Acute Mental-Hygiene Problems Found among College Men," *Mental Hygiene*, Vol. IX, no. 2 (April 1925), pp. 276–7.

Alice's family was continually reminding her of her high-school scholastic achievements, so that she soon assumed a superior attitude towards the few other children she was allowed to associate with.

As soon as Alice began showing curiosity in regard to sex, her mother "told her everything." After this was accomplished Alice's mother was frantic every time Alice was out of sight.

Now that Alice is in junior high school, she is lonely and odd. She is not an unattractive girl, though instead of being dainty she is big and raw-boned. This, added to her awkwardness in meeting people of her own age, makes her predestined to social failure, which is for her parents the greatest of human calamities.

Isolation by reason of pathological parents

"A boy about ten years of age was at a summer camp, and the question came up whether or not he should come back home. He had been there eight weeks and was unhappy. He spent a good deal of the time by himself, and was looked upon by the other boys as queer, peculiar, eccentric. He had not participated in swimming, riding, and playing games; and, on the whole, he had been an undesirable comrade. When he first came, some of the other boys teased him, but, soon, he was passed by and ignored. The question was, why should a boy ten years of age be queer, peculiar, and eccentric, standing out alone among sixty other boys?

"In order to understand each type of individual, . . . we must interpret his conduct in terms of past experiences. Now, going into the past experiences of this boy, we find the father is a professor who has a position of prominence. Five years ago the boy's mother died of an acute infection. The father was so emotionally upset that he began to build this boy's life around ill health. He got a nurse for the boy and she was told that this child must be protected against every possibility of sickness. The boy was not allowed to go to the public school or the private school, but had tutors at home. He was not allowed to ride on public conveyances, and only occasionally permitted to play with other boys. So his whole life was built around the problem of ill health.

"The emotional reaction in this father was, of course, in response to a serious situation; but most individuals are able to recover and adjust themselves, even in the case of the loss of a person much beloved and very near to them, and to make the experience a part of their lives. It is a part of our plasticity in life to be able to do this; but here was a man, a professor, an intellectual man, who stands out as a leader in his particular field, whose emotional reaction was so intense that he could not do so; and he planned the life of his boy around his emotional reaction," with the result described.[21]

The subject of the following case, which is all straightened out now, gave me permission to include this account of a painful period of adjustment and some of the background upon which his isolation developed.

"I don't know why they do it," said Herman Schmidt, "but they're always electing me to something. The first thing I know, I'm editor of the school paper and then I'm president of the dramatic club and pretty soon I'm chairman of the prom committee. I'm not worthy of these honours—I can't do these things. I don't know why they shove me into it."

"You were president of your class in high school, weren't you?"

"Yes, twice, I guess. Or three times. But I shouldn't have been. They don't know what a dud I am or they wouldn't do it. I'm the lowest of the low and I ought to be kicked out of polite society. I've just got 'em all fooled. I don't intend to fool them. It's a terrible predicament."

"Why, it doesn't sound so terrible. It sounds fine, as if they all loved you."

"Well, I guess they do, maybe, and I don't know what for. If they really knew me they'd despise me. I can't look any of 'em in the face. That's why I never lunch at the frat house. They urge me to, but—gosh—I'm crude! I haven't any manners, or any culture or polish. I can't converse with people—can't think of anything to say—just a dud—that's all.

"Why, I've worshipped a girl for seven years and haven't taken her to a dozen dates in all that time. I can't treat her right. I can't laugh and joke and say anything worth saying. All the time I'm thinking how crude I am and how bored she must be. I wonder if I'm walking right and if she's ashamed of me, and what I can do to make her evening a little more endurable."

"But she asks you for some dates, doesn't she? Don't you imagine she's proud to go with the most popular man in school?"

"I'm not. It's just an illusion; they don't really know. And she knows—anybody that talks to me knows—that I'm just worthless, a plain fake, masquerading. I can't meet strangers. I'm always thinking about myself instead of about them. I can't make myself appear well or say anything intelligent."

"But you get all A's and B's in college."

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[21] Douglas A. Thom: "Moulding Personality in the Pre-School Years," *Mental Hygiene of Normal Childhood,* (Buffalo Mental Hygiene Council, 1927) p. 40.

"Yes, but it's bluff. Must be bluff. I don't know the stuff. I know I don't. I like it, but I don't do as well as that sounds.

"Why, I'm even ashamed of my own parents; they're so seclusive and queer—never go anywhere and don't do as the Romans do. They don't inform themselves, just seem content to be ordinary, retiring, unsociable folks."

"But they are active in their church, aren't they? And they've been to Europe?"

"Yes, and took me with them. But it didn't do us any good. We're all alike. There's no use in my going on with college. I'm not good material. I'm ashamed of myself and ashamed of my parents and ashamed of myself again for being ashamed of them. I'm quitting. I must. I've already quit—haven't been to a class for nearly two weeks.

"You see, my father was in the state hospital for a while and I've always been terribly ashamed of that. I think he has, too, and he and mother have stayed away from everybody and everything. They didn't let me associate with other kids—thought they'd tease me, I guess, or contaminate me, or me them, I don't know. Anyway, I've never felt as if I had any backing at home—just a place to eat and sleep and some Dutch parents that don't know anybody or do anything and just keep to themselves and expect me to do likewise. That's how I've been raised. I guess it's no wonder I can't get intimate with anyone or make any friends. It's just 'hello' here and 'howdy' there—all superficial, and I'm so lonely and so despicable."

Isolation by reason of poverty

Either wealth or poverty may bring about isolation, as every movie fan knows from the theme of Mary Pickford's *Poor Little Rich Girl,* and the all, all alone horrors of Lillian Gish in *Squalor*. College students and their advisers know it at first hand.

All through the grades Lucile had two anxieties: the anxiety of keeping up in her studies, and the anxiety of poverty. These were the two topics which she heard discussed in her home. Her parents were poor and hard-pressed and her mother was a woman of high idealism who expected Lucile to make up in intellectual brilliancy what she lacked in glad raiment and finery.

Unfortunately Lucile was a normal child and hence couldn't make this extraordinary compensation. The constant reminders of her poverty which she received from her mother's tears, her father's complaints, and the obvious comparison of her clothing with that of her schoolmates combined to produce in her a marked sense of inferiority. In order to avoid the unpleasantness of comparisons, she quietly withdrew from situations in which opportunities for them were afforded. In high school, when the students' social life began to develop, she voluntarily excluded herself by declining invitations and avoiding opportunities. Because of her pretty face and sweet manner, she was in a way to be very popular, but she would decline dates and resort to various subterfuges and circumlocutions to avoid the humiliation of having her friends see the shabbiness of her home.

During her senior year in high school a relative died, leaving her mother considerable money. It was decided that she should go to college. She outfitted herself prettily and her mother bought her a Ford for her own private use, so that she entered college with considerably more than the average personal comfort. The old habits, however, were hard to break. She was shy, diffident, retiring, and self-distrustful. These traits, together with her evidences of prosperity, stimulated the envy and dislike of her companions, who had formerly loved her for her very meekness. Her life was lonelier than before. She left college in her sophomore year.

Isolation by reason of wealth

"An example will show us the effect of the opposite type of home atmosphere on a girl who was fundamentally normal. In this case, as so often, the person developed an inability to make friends, and lacked self-confidence. She is always inconspicuous in a group, in spite of attractive dress, pleasant face, and kindly disposition. The girl is longing for friends and companionship, but as no one goes out of his or her way to talk to her she simply goes more into the background. At times she has developed a really dangerous despondency as a result.

"The fact is that the parents laid emphasis on the material side of life and built their home atmosphere on it. None of the three children were anxious to remain at home, though they loved their parents and the parents provided liberally for them. There was no friction between father and mother.

"What was the matter? The atmosphere was simply the atmosphere of a fine store or hotel. The furnishings were tasteful, rich, and beautiful. The children grew up in it and were taught to think that if they looked and behaved well they would grow up to marry and live happily ever after. From the start the girl was known at school as the most spick-and-span child in the class. Her dresses were always white and starched. She learned her lessons with the same mechanical precision and could rattle them off faster than anyone else.

"To her parents, dirty clothes meant inferior people not fit to play with. Consequently she, like her older sister, lost her childhood companionship.

They could not play with or know the children at school or in a large part of their neighborhood. The parents were unaware of the spiritual malnutrition of their children, and did not even attempt to make up for the lack of playmates by themselves playing with the children. And if quarreling and harsh words were unknown in the household, so were noise and laughter.

"The girl fortunately possessed a good physical, emotional and intellectual makeup, which has helped pull her through a very difficult period. Now, at twenty-eight years of age, still unmarried, she has become aware of the deficiencies of her early life—and with unusual intelligence she has changed her business life to one of work with children, which is helping greatly to satisfy her lonely longings and giving her greater ease with people of her own age. She is practically free from her previous spells of depression."[22]

Isolation by reason of "religion"

Anna's father came to this country from Switzerland with a wife of the peasant class. They made their home in a Mennonite settlement and the church was the centre of their life. Like his friends, Anna's father became a prosperous farmer. She was the only child. She went to a rural school, through six or eight grades. Being of normal intelligence, she learned to read and write English fairly correctly, although only German was spoken in the home.

When she was about twelve her father was brought to trial before the church on a charge of no moral importance, but for some infringement of rules. Because her mother stood up for him, she, too, was excommunicated Anna tells that for thirty years after the incident, with the greatest bitterness, no member of the church was allowed to eat at the same table with her father or mother or to shake hands with them.

When she was in her early twenties the family bought a comfortable home in town. Although the town was the trading centre of the community, and a large number of the three hundred inhabitants were Swiss, no Mennonites lived in town or took part in community affairs. She was thus somewhat relieved from the constant sting of seeing her parents persecuted. Her father was sick for several years before his death and she was tied down closely at home. She had no relatives living near except one cousin, a well-to-do-farmer's wife, who was sympathetic and tried to help at the time of the funeral. Anna accused her of "just being after father's money," and for the twelve years that have elapsed since hasn't spoken to her, although they live only two blocks apart. She had made many friends in town by her honest dealing and the high quality of her fruit. It was a common saying in town that Anna was so honest she would bite a penny in two. She was so sensitive that she even stopped her subscription to the town paper for three years because the editor had mentioned several houses that had been painted and had neglected to mention hers.

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[22] Hallowell and Davis: *Harvard Alumni Bulletin*, 1928.

Her mother lived until Anna was about forty-two. Her death was a heavy blow to Anna; it left her all alone in the fine house she had built several years before. She had got out of the habit of going down town to the weekly shows because her mother did not like to be left alone; she said she could not become interested in them. For a time she enjoyed her radio and victrola and working with her flowers, and had the most wonderful flower-garden in town. But when winter came on she became lonely and lost interest in everything. From being silent about her own affairs she became very confidential with her neighbours. She sold her chickens, over which she had previously been very sentimental, let her garden grow up to weeds, and advertised her house for sale. She sought out her neighbours and talked to them by the hour until none of them ever asked her to come again. The minister of the Presbyterian church which she had joined went to see her often. Neither he nor anyone else could persuade her that her illness was other than punishment for some sin that she had committed. She confessed to having some twenty odd years past short-changed a man out of eleven cents. She had never seen him since to pay it back. The only other sin she could think of was that she had once danced with her cousin out in California.

She became so morbid that some of her friends persuaded her to go to a hospital for a few weeks for observation. She thought the hospital was getting too much of her money and ran away. She was allowed to go home, where she kept a girl in the house with her and then lived alone again, not much better off. Her old religious conviction that suicide is sin was the only thing that kept her alive.[23]

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[23] One of my students reported this case. Three months later she brought me the following newspaper clipping:

> "SPINSTER HANGS SELF
> Despondent Over Mother's Death,
> She Ends Own Life
>
> "Lonely and despondent after the loss of her mother some time ago, Miss S., 47, a spinster, took her own life by hanging, at her home here yesterday. Although she left no message indicating her motive, she had intimated to friends recently that she might soon 'end it all.'
>
> "Miss S. lived in a luxuriously furnished home which she built a few years ago when she fell heir to her father's estate. However, she found little comfort in the big house after her mother died, and neighbors believe she had become mentally deranged since then through despondency."
>
> —Topeka *Daily Capital*

Isolation by reason of real or fancied defect or unfavourable comparison

The isolation of the deaf or crippled child is an obvious tragedy, to avert which systematic efforts are now made in most civilized communities.

Far more frequent, more devastating, and more inaccessible are the isolation and suffering caused by the sense of inferiority based (usually) upon fancied defects, or upon the emotional reactions to defects which of themselves are not isolating. This is the most important, the most frequent, the most serious of all factors conducive to the development of this personality type. Hence we shall now take it up in considerable detail.

THE SENSE OF INFERIORITY

"A sense of inferiority" is a phrase so aptly describing a painful emotional experience common to all mankind that when coined by the psychiatrists it was immediately appreciated and pressed into use by the laity as well as the medical profession.

What is it, and why? The sense of inferiority is a complex, painful emotional state characterized by feelings of disadvantageous comparison, of incompetence, inadequacy, and depression. With it go certain typical traits or tendencies, particularly:

1. "Self-consciousness or self-preoccupation; shown by blushing, embarrassment, delusions of reference, a tendency to be concerned with one's feelings, thoughts, plans, motives."
2. "Self-criticism and self-dissatisfaction; a tendency to feel that one is not appearing to good advantage, to be critical and worried about what one is doing or has done, to reflect on possible mistakes and blunders."
3. "Touchiness and oversensitiveness; a tendency to make exaggerated responses to praise, blame, defeat, and disappointment, to care intensely about what other people think of one."
4. "General emotional and nervous instability; unresolved emotional complexities and antagonistic trends, fits of despondency, depression, apathy."
5. "Persecutory trends of a more or less definite sort; the feeling that one is unappreciated, unjustly treated, that the world in general fails to appreciate and reward merit, and to recognize wrongdoing."
6. "Unwillingness to put one's self to the test because of fear of an unfavorable outcome, which would be intolerable."
7. "Lack of ability in certain lines of overt behavior which demand a fair degree of self-assurance; lack of social poise, inability to carry on enterprises such as selling and executive work."

8. "Perfectionist tendencies; an attempt to compensate for felt inferiorities by exaggerated conscientiousness, meticulousness, fastidiousness." [24]

What causes it? Real disadvantages of physique or talents or race or appearance; these, to be sure. But many persons quite overcome these handicaps—they may or may not achieve greatness, but they do achieve happiness.

Consider the following example cited by Dr. Kerns, Mental Hygiene Counsellor at West Point, which is typical, although extreme: "Cadet G came to the hospital complaining that he felt weak and insecure. He was afraid of everything, afraid that something was going to happen. He could get interested in nothing but his own thoughts. He worried constantly and had even thought he was going insane. This lad was seen for an hour on each of three successive days. He was markedly introverted, self-conscious, and deplorably lacking in aggressiveness. He displayed all the earmarks of an inferiority mechanism, based, it appeared, among other things, upon a diminutive stature. . . . This mechanism, along with certain other contributory ones, was gone into quite carefully and explained to him. . . . A month later he appeared and said that he was getting along finely and saw no reason why he should not continue to do so." [25]

Basically, feelings of inferiority depend upon *comparisons* of the subject with other individuals. Usually these comparisons are originally of tangible, visible things—that is, *physique* and physical accomplishments.

The child early compares himself, his little body, his physical equipment, with that of his omnipresent and omnipotent parents; later, also, with siblings and playmates. Necessarily he is constantly aware of discrepancies in size, in height and weight, in strength. His obvious inferiorities are associated with his obvious dependency and subservience. Since what Father and Mother say "goes," he is early taught without words that "might makes right." This may as well be written "height makes right."

The child's first reactions to the constant reminder of his littleness take many forms. There comes to be a resentment of being called "little." There is much talk of "when I grow up"—Mamma and Papa games are indulged in; long dresses and trousers are donned, and various types of rebellion and insubordination are indulged in, in spite of foregone conclusions of ultimate defeat.

[24] E. F. Heidbreder: "The Normal Inferiority Complex," *Journal of Abnormal and Social Psychology*, Vol. XXII, no. 3 (October-December 1927), p. 248.

[25] "Management of Acute Mental-Hygiene Problems Found among College Men," *Mental Hygiene*, Vol. IX, no. 2 (April 1925), p. 278.

These compensations which the child makes become gradually less necessary as the child becomes aware of his growth. "Soon I shall be as big as they," he thinks—and so he is often told.

There are certain other comparisons which the small child makes which leave most stubborn resistance. These relate to comparisons which, from the covert or coy behaviour of his parents, he infers should not be made. They relate to the tabooed areas of the body. The axillary and pubic hair, for example, are never-failing sources of mystery and humiliation. It is so definitely *there* on his parents and so definitely *not there* upon his own little person. What is wrong that he is thus minus this attribute of the big and powerful folks? [26]

Other painful comparisons are also made by every child. The little boy compares himself with his father and wonders what is wrong with himself. Later he becomes conscious of pleasurable genital sensations and a sense of guilt develops with the theory that his under-development is a punishment. Similarly the little girl is puzzled by her discoveries. Psychoanalysis of many patients has revealed that the child spins theses to account for these lacks, and develops innumerable compensatory defence mechanisms to save himself the pain of a realization of inferiority.

Now such feelings of inferiority are common to nearly all children. They are based, to be sure, on misconceptions and ignorance, but the emotional response is there, and it has to be expressed. It may be handled very easily—a harmless discharge, as it were, especially where proper educational methods and manners are used by the parents. Or, on the other hand, the foundations of a neurosis may be laid.

These primary feelings of inferiority are ordinarily submerged into oblivion in the majority of persons. They usually become completely unconscious. But it is easy to revive these childish anxieties and add to their intensity a few years later by unfavourable comparisons made by someone in authority, such as: "Sam is not so bright as his sister," says Mother to a visitor. "George is unusually awkward and clumsy for his age." "Daughter, it's a good thing you're smart in your studies, because you certainly are the homeliest child on earth." "John's teeth are so ugly they make him look just terrible." "There's no use in paying out any more for your music lessons—you haven't any voice." (The girl to whom this last remark was made became later a professional musician and concert singer.) [27]

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[26] Readers will be reminded that hair as the symbol of power runs through all history and legend—Samson, for a classical example; Dempsey, for a more modern one; *The Hairy Ape*, for an O'Neill elaboration of the theme.

[27] These are all actual quotations.

Such comments are deadly. They often crush the child's hopes and efforts and self-respect completely. They rarely stimulate, because the authority of their source makes them incontrovertible.

Then there are other less obvious ways in which parents stimulate and build up inferiority feelings in their children. One is by manifesting their own inferiority feelings. Some parents are incessantly complaining of their misfortunes, comparing their acquisitions and opportunities with those of their neighbours, voicing their enviousness and unhappiness and disappointments. They may go further and berate themselves, or they may scowl and sneer at their envied friends. In either case, the effect on the child is the same—"My folks lost out; they're licked. They aren't as good as . . ."

The social organization of most American cities is built upon the existence of this sensitiveness. Many exclusive clubs keep their dues unjustifiably high and their membership dismally lonely in order that the members may gain consolation for their inferiority feelings by the realization that many who can't afford to join envy them in their exclusiveness.

Still other parents excite inferiority in their children by their delinquencies. The child feels much more keenly than his parents the social disapprobation which they incur. An alcoholic father or a divorced mother may serve as a burden of bitterness to the children throughout their lives. "I have always felt as if I must apologize for my father," one such remarked in discussing his self-consciousness. "I always have in the back of my mind: 'What if they knew!'"

Finally there are certain conditions of which no one needs to speak—nor can the organic inferiority remain unknown to the subject. He knows because he can see himself in the eyes of strangers; he knows because the cruel taunts of the little animals about him—glad to find someone their inferior and someone to torture—won't let him forget.

This group includes speech defects, birth-marks on the face, dental deformities, crippled limbs, deformed bodies, and, above all, cleft palate and hare-lip. So obvious are these things and so disfiguring that they permit of little real protection from exceedingly great mental pain.

A patient of mine, a woman of fifty-two, lived as a recluse on a large ranch in Kansas, one-half of which she owned, and which she rarely left. She had a curious speech defect which immediately attracted attention wherever she went and whenever she spoke. She felt her immolation keenly—she went through phases of bitter resentment, cynicism, sad resignation, hopeless despondency. All her life it was her chief concern. "I've never been able to forget it long enough to get interested in the real things of life," she said. I tried to help her find a happier view-point, but one day she was found dead across her bed, and an empty cyanide bottle on the floor.

COMPENSATIONS AND CORRECTIONS

Many children early develop compensatory reactions to these inferiority feelings—patterns which continue to dominate their behaviour long after the original cause is extinct. Others develop them later. Enviousness, aggressiveness, penuriousness, acquisitiveness, flight reactions, anxiety states, bluffing, stealing, and all sorts of adventitious behaviour may result—do result. The roots of many neuroses of later life are to be found here. "Neurasthenia," in which a patient is sure that his or her eyes are weak, stomach ailing, legs impaired, etc., is a condition in which unconsciously these organs are used as substitutes for others concerning which, as a child, the sufferer had grave and painful misgivings.

Alfred Adler's theory is that the child who actually does have a lack, an organic inferiority, may become affected by it without becoming conscious of it—that is, he may react to it without knowing to what he is reacting. The weak-eyed become artists, the poorly endowed gastro-intestinal tracts drive their owners to become cooks, the possessors of poor ears turn to music as a career. Beethoven, Demosthenes, Whistler, and many others are cited to prove this.

A senior student was among the brightest girls I have ever known. She came of a good and respected family and she was not particularly homely. But from infancy she had been obliged to wear very heavy lenses for her near-sightedness. They were, to be sure, rather conspicuous. But they were nothing in comparison to the conspicuousness she had come to think they had. She felt that everyone who looked at her saw the glasses rather than the girl; she was so self-conscious that she became seclusive, and her seclusiveness made her odd, and her oddities made her more uncomfortable and conspicuous. Her life, full of opportunities by reason of her superior intellectual gifts, was nearly ruined by her emotional distortion. She became intensely interested in Y. W. C. A. work finally, and completely forgot her inferiority feelings in a considerable success.

A student, Sny, "was frail and had a peculiar manner because his intimates were all adults. He was an object of ridicule and harsh treatment with his schoolmates. His first adjustment took the form of seclusiveness. He avoided all association with other boys and never played in the school yard. His recesses were spent in the assembly hall, where he might have, and actually did require, the protection of a master. Since he was physically incapable of protecting himself, it was not thought prudent to force him to go where the other boys were.

"The coach of the school football teams interested himself in the case. For many afternoons he devoted part of his time to Sny, training him in quarterback play. The boy developed with practice and was finally made a substitute on the third team. He showed special aptitude at forward-passing and was able to master a complicated play. In the last game of his team's schedule, he was rushed in to win the game in the last few minutes of play.

"The immediate effect of Sny's creditable performance was a complete change in the attitude of his companions. His frailness and queer manner remained for a time but were offset by demonstrated ability of a particularly desirable sort. For want of stimulus the inferiority reaction ceased to function. The same personality, after ten years, shows little trace of the original tendencies."[28]

The dentists have done much with orthodontia in the direction of mental hygiene. Many such cases as the following are reported in dental literature: A stenographer, aged 24, had been under treatment for two years for a very bad disfigurement of the face caused by dental deformities. The mental effects were particularly marked. She had always taken a position in the back office where it would not be necessary for her to meet the public. Two years later, after the deformity had been corrected, she was working in the front office and wearing an engagement ring.[29]

And sometimes the treatment of isolation deformities is accomplished quite accidentally by the untutored and unskilled. One of my students reported this interesting example:

The family's pride admitted only blue Sunday observances, rigidly moral literature, no discussion of intimate family life, aloofness from the common run of neighbours. The girl had had no friends in her teens, for her parents wished her to avoid their careless, shocking, and spendthrifty ways. Scholastic honours, pride in the achievement of wealth as displayed in dress, the table, the outward observances of material accumulations, patrician carriage, nobility of conduct—these were the only worth-while achievements. The family was sufficient companionship, they held.

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[28] English Bagby: "The Inferiority Reaction," *Journal of Abnormal and Social Psychology*, Vol. XVIII, no. 3 (October–December 1923), p. 270.

[29] T. M. Robertson: *International Journal of Orthodontia, Oral Surgery and Radiography*, Vol. XI, no. 9 (September 1925), p. 848.

When the girl entered higher grades, she was sent, at her thirteenth year, to a private school for girls in another state, where her inability to enter small conversations, her accustomed reticence, her habit of finding alone her pastimes in books, music, and walks, soon ensured her isolation. Her habits led others to consider her as an odd girl, and the realization of that classification only threw her back to the family attitude of haughty aloofness. She loved people, but she did not know them. If she advanced a step towards friendliness, her forwardness frightened her. Perhaps she was making an acquaintance she would later regret. Other girls made fudge in their rooms. She was laughed at because she did not know how to make fudge. She wore her hair down her back. The other girls had theirs bobbed. The other girls exchanged clothes for a day or a week. She could not bear the thought of wearing what was not her own. Her disapproval was another item against her. The other girls had dates. She did not understand boys. She was afraid of them. The neighbour boys at home had been rather slovenly in speech, personal habits, and manners. Her father and mother had frowned upon them. Other girls' mothers came to visit. Lodemia's mother was an invalid and never ventured away from the care of her maid and companion. Lodemia turned to high honours in her defence mechanism. She refused invitations lest she be further disapproved of; she could not bear to be a disappointment. She refused invitations in the "drama try-outs" lest she fail to win a part in the play. Her first half-year was quite miserably lonely.

Then one day her father sent her a guitar. The girls in the dormitory found her playing alone in her room. They asked her to sing. She did. Their praise, their surprised approval, was genuine. She was coaxed to attend a steak-roast and to bring her instrument for the camp-fire hour. Secretly dreading messy food, she consented. She had never attended "roasts." The girls did the rest. Lodemia was drawn out first by their selfish demands and appreciation of entertainment, and then by a growing love and understanding.

4. THE SCHIZOID TYPE

Queer Personalities

Consider the personality of a man believed by some to have been the greatest failure of history.

With intelligence superior to that of any other president of this country and with an opportunity for achievement greater than any human being has ever known, he went down in an ignominious and dismal defeat and died a lonely and broken-hearted man. Pitied by many, scorned by more, he was worshipped to the end by faithful and puzzled millions and understood by no one.

He had been a solitary child, a child who "threw down the bat and wouldn't play"—a child who didn't know how to play with other children. That child became a university executive who couldn't get along with his faculty, a governor who antagonized his supporters, and a president who quarrelled with his counsellors. And while the masses bowed down to him as the Great Deliverer who would bring to Europe the democracy of America and to the world the peace of Utopia, his associates, the leaders of these people who worshipped him, suavely and expertly effected the utter defeat of his entire program and the extinction of his career.

Woodrow Wilson was a classical example of a well-established personality type. It is a type characterized by queerness, a queer sort of queerness, and there is nothing else like it in the world. Some people succeed because they are queer, and others fail for the same reason. If they have a "schizoid" personality, the odds are against them.

Look, for a moment, at certain aspects of the lives of some successful persons of this same type. Their success is always tinged. And their unsociability, their self-sufficiency, their essential queerness, is always visible.

Napoleon Bonaparte was thus described by one of his biographers: "At nine years of age he was a shy, proud, wilful child, unkempt and untrained, little, pale, and nervous, almost without instruction, and yet already enamored of a soldier's life and conscious of a certain superiority over his comrades."[30] He loved most to play all alone, hidden in a cave.

At sixteen his instructors said of him that he was reserved, laborious, haughty, silent, egotistical, preferring study to pleasure, and loving solitude. He devoted his leisure time to the reading of history. Realier Dumas painted a picture of Napoleon at school, in which he walks silent and aloof from a group of schoolmates, doubtless finding consolation and a certain fierce sense of justification in the idea of his superiority to them which provoked them to laugh, sneer, point at him, and mock him.

He leaped to success, fought with the world, inspired millions, then passed rapidly through a series of anticlimaxes, and died a lonely, friendless man.

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[30] Ida M. Tarbell: *A Life of Napoleon Bonaparte* (New York, Macmillan, 1923).

Samuel Taylor Coleridge was a misfit among boys of his own age, taking little pleasure in their sports. He did not care for bodily activity, and said of himself that he was "a playless day-dreamer." His parents petted him, his brothers hated him, and his schoolfellows tormented him mercilessly. He became fretful, timorous, tell-tale, and vain, and despised boys of his own age. He is said not to have spoken a word until he was nearly two years old, when he surprised everyone by uttering a complete sentence.

Sir Isaac Newton was a sober, silent, thinking lad who never took part in the ordinary amusements of his schoolmates, but employed all his leisure hours in invention. As he grew older, his love of study increased, and he was constantly with his books, avoiding and ignoring those who might have been his friends.

Jeremy Bentham, the English jurist and philosopher, found his greatest joy in reading and disliked sports and games. From his earliest childhood he was sensitive and retiring, felt inferior, hated social pleasures, and was solitary in his play and work. He had few child associates and spent much time in reading and in gloomy meditation. At college he could discover little pleasure in the companionship of the other students. He was tormented by fear and suffered from almost morbid sensibility; at the age of two he experienced keenly the pain of sympathy. His sense of inferiority was so strong that he shunned attention, and his father bitterly accused him of burying his talents.[31]

And now consider an equally celebrated but less successful example. On July 2, 1881 a man of no consequence, and never regarded or treated as of any, a wanderer without a home, penniless, and syphilitic, but who "appeared to . . . consider himself a great man, . . . the maker of a President, the saver of his country, an evangelist who meant to save the world by a worthless book, a politician whose miserable little speech, delivered only once to a couple of dozen negroes, did much to elect Mr. Garfield, and insured him the right to one of the highest offices in the land"—this man, Charles Julius Guiteau, shot and killed President Garfield "as a political necessity under Divine pressure," as he said, "after two weeks of earnest prayer."[32]

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[31] The data regarding these celebrities are taken from the excellent summaries of Catharine M. Cox in *The Early Mental Traits of Three Hundred Geniuses* (Stanford University Press, 1926).

[32] Charles F. Folsom, M.D.: "The Case of Guiteau, Assassin of the President of the United States," Boston *Medical and Surgical Journal*, Vol. CVI (1882), pp. 145–53.

And finally, to get a more definite conception of the typical extreme picture of this personality, read the description of an unknown subject, by Kretschmer.

"Young Erich Hanner, the son of a well-educated family . . . was a pale, timid youth," of fifteen, "who had shot up to a great height, with long ungainly limbs, and a vague dreamy expression on his face. . . . He usually sat huddled up, bashful, and spiritless, so that one would think that he was dumb; if anyone spoke to him, he would look up surprised, embarrassed, and shy. Everyone was exasperated by his slowness and priggishness. . . . His conscientiousness and punctuality were almost pedantic.

"He was very quiet, and easily moved to tears, when anyone upbraided him. He never had any friends at school, and he became less and less able to get on with his brothers and sisters. . . . He never took part in rough games. His school-fellows used to tease him a great deal; he made no protest, but suffered terribly under it. He quarrelled easily with his brothers and sisters on account of his oddity. He had a bitter feeling that he was different from the others. Speech was always a difficulty to him. He could not get hold of the words. 'If I speak a word as soon as it comes into my head,' he said, 'I have the feeling as if I were shouting insolently into the blue . . .' He often drew back after shaking hands with the same feeling, as if it were an insult to grip a person's hand quickly. He laid great value on good clothes, and could never do enough with his own toilet.

"On the emotional side, he was tender, sensitive, and susceptible. When he was older he did not eat flesh any more, because it came from slaughtered beasts. . . . When he was away from home, he suffered dreadfully from homesickness. He clung very tenderly to his mother. Later on he developed a religious enthusiasm; he went every Sunday to church, and wanted to convert his family, and become a missionary.

"He had a favourite sister to whom he was very attached, especially in his younger years, and with whom he shared all his thoughts. His prematurely awakened intelligence produced excellent, original ideas, particularly of a technical variety. He liked to think out fleeting, fantastical inventions; for example, once he thought out a plan for a carriage which went with paddle-wheels upon the water. He tried a model of it in his bath, worked at it silently and passionately, and sent a copy to the Minister for War. The carriage did, as a matter of fact, go; it had been well thought out. He also drew and painted very beautifully.

"But he preferred to creep into a corner with his sister, apart from the other children, and build castles in the air with her. They would imagine princedoms in wonderful parts of the world, which they would rule, and there would be hunting, and enchanted creatures, a world of magic and an ether ship, that travelled forth to visit all the stars set in the spaces of the universe.

"He did not like people to touch him. He often felt as if he were made of glass."[33]

What conceivable traits do these people have in common—a president, an emperor, a poet, a scientist, a jurist and philosopher, a queer stick, and the assassinator of a president?

They have this in common: they all possess traits of the schizoid type of personality. And they have plenty of company, good and bad; Calvin and Kant, Schiller and Rousseau, Erasmus and Spinoza, Whistler and Goldsmith, Wagner and Chopin, Robespierre and George Washington, Dickie Loeb and Jesse James, George the Third and Judas Iscariot, Edward Hickman and a certain querulous congressman whom I am afraid to name, not to mention about one hundred and twenty thousand of the patients resident in state hospitals of the country with a diagnosis of "dementia præcox." They all "belong."

Reduced to its simplest terms, the common tendency of the members of this group is an inability to get along well with other people. This is almost too much simplified, because it might be applied to all of us at times, and to many criminals and "insane" all of the time. But this lack of social adaptability is of a very special kind. These people often appear to want very much (or think they do) to mix with the herd. But they never do—successfully, at any rate. They may make gestures, go through the motions, even become extremists in social manœuvres, but "the pane of glass is always there." They never really make contacts.

How does this make them appear? Well, variously, according to the combination of traits and reactions. Most of them are more or less seclusive, quiet, reserved, serious-minded, unsociable and eccentric; many are timid, shy, very fine-grained, sensitive, "nervous," excitable, fond of nature and books and fine arts; others are dull, apparently (not really) stupid, indifferent, often quite pliable, but more often very stubborn; sometimes "stunty," again morose and grouchy and all too frequently suspicious, envious, and jealous.

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[33] Ernst Kretschmer: *Physique and Character*, translated by W. J. H. Sprott (New York, Harcourt, Brace and Company, 1925), pp. 181–3.

One word (other than "unsociable") describes them—but it's a shifty word, variously understood by various people. That word is "queer." No, we are *not* all queer—that is, not very. We all have queernesses, we are all a little unsocial, a little inclined to prefer our own company, a little seclusive and envious and eccentric and all the rest of it. But most of us are much more largely dominated by our social instincts. These queer people who decline to associate with us are not just queer, not just afflicted with a *little* queerness, such as ours; they are really *queer*. They are queer in that they are not all like the rest of us and don't seem to care to be. They may achieve great things and they may not—we may acclaim them and pay them due respect—but we never love them very much. We can't. They won't let us.

They're called "schizoid." It is a word derived from the same Greek stem that gave us "scissors." It means split or broken. The implication is that the queerness of these folk represents a break or split in the internal harmony of the personality so that an external disharmony also results and the schizoid person is noticeably out of tune with the rest of the world.

This is because these personalities are afflicted with a curious split, a duality, a "surface and a depth," as Kretschmer says. They are "like Roman houses and villas, which have closed their shutters before the rays of the burning sun; perhaps in the subdued interior light, there are festivities."[34] They maintain one kind of front for the world to look at if it cares to (they don't care), but the real self, having looked at the world and renounced it, retreats into an inner unseen life. This life we never get to know, except when an explosion occurs.

"I have lived with that man for twenty years, and I don't know him at all," says a wife.

"A shy girl, pious, gentle, lamblike, serves with satisfaction in a country home for years. One morning the three children of the house lie murdered. The house is in flames. She has not lost her senses, she understands everything, she smiles uncertainly when she realizes her act.

"A young man dreams away the lovely days of his youth. He is so clumsy and loutish that one could shake him. If he is put upon a horse he falls off. He smiles in an embarrassed way, rather ironically; he says nothing. One day there appears a volume of poetry that he has written; exquisite feeling for nature, beautiful diction. Every blow that some fat lout has given him as he passed by is moulded into an inner tragedy; the polished rhythms flow on full of quiet."[35]

[34] Ibid., p. 146.
[35] Ibid.

THE SECLUSIVE VARIETY

Consider more closely some of the characteristic manifestations of the "schizoid" make-up. None is more typical than *seclusiveness*. It isn't quite human constantly to prefer one's own company. But the schizoid does. "I prefer to be alone," they admit. "I never did care to mix with people." This is particularly noticeable in childhood.

Until he was seventeen the famous historian Gibbon had associated with no one but his parents, an aunt, and his tutors. When sent away to school he was "nearly overwhelmed by the strangeness and confusion," and stood aloof from the other students. Fichte, the celebrated German metaphysician, was, from an early age, fond of solitary walks and quiet contemplation. Sent away to school at the age of eighteen, he tried to run away because of the bullying he received there. Ralph Waldo Emerson's chief recreation, even in childhood, was omnivorous reading. He was not popular with other boys and rarely joined in their games. His best friends were grown people.

This seclusiveness as it appears in such notables as those cited will be immediately familiar in the behaviour of scores of the reader's acquaintances. It may even describe the reader himself. But its significance is usually not so familiar. Many unhealthily seclusive children are regarded as models of behaviour, studiousness, and ability. Their seclusiveness keeps them out of the scrapes and tangles and pranks in which normal children become involved. One of my patients was the only lad in a certain high-school class not arrested for a certain piece of mischief. The sheriff, thinking to flatter the boy's father, told him so. "Go and get him and put him in jail for not being in on it, then," shouted the irate but healthy-minded father.

The child often prefers adult company to companions of his own age. Carlyle, for example, who was a serious, silent lad with few boy friends, sought adult companionship, as did also René Descartes, Kepler, George Eliot, and many others. Such children (Descartes and Carlyle notoriously so) are stimulated to excel all other children, and often do so to their great satisfaction—and unpopularity. This, too, misleads adults into supposing them unusually healthy instead of the reverse.

For example, Kepler, the celebrated German astronomer, was, as a boy, mystically religious and superstitious and punished himself when he felt convicted of sin. At fourteen he was already deeply interested in theological questions and won the enmity of his theology teacher by openly trying to convert him. At one school the students envied and hated him because of his superior abilities; at another they made life miserable for him because he reported their misdemeanours. He loved gaming, but gambled only with himself.

Associated with seclusiveness, then really a part of it, are certain tendencies which of themselves or under certain circumstances are "normal," but which occur to excess in schizoid individuals. These are the over-studious, bookish, pedantic tendencies; the aloofness from sports and games and social activities, the compulsion towards excelling, taciturnity and conspicuous reserve, shyness and self-consciousness, and hypersensitiveness. The latter is frequently the most painful symptom and many college students who are aware of no other faults consult the mental-hygiene counsellor because of their distress on this score. Others make no complaint, but are for ever getting their feelings hurt and pouting, or fighting unsuspecting foes, or running off.

THE HARD-BOILED VARIETY

It may be a little difficult to conceive of, but it is nevertheless true that in this same category belong the hard-boiled, unsensitive, heartless, ruthless, cruel individuals. The connection depends upon the fact that in both instances the personality is split or broken, so that the surface feelings and behaviour are grossly different from the real self within. Napoleon's self-seeking hardness, Hickman's and Loeb's callousness in their bloody crimes, the poise of the trained surgeon, and the penetration of the skilled psychologist are alike examples of a detachment which, whatever its fruits, is scarcely human. Utter objectivity is the aim of every scientist—it is a correct and fruitful, but inhuman attitude and typically schizoid. Because many men are too human, or too little schizoid in make-up, they fail of great achievement in science.

THE ARTISTIC VARIETY

The artist and the poet are similarly detached from "normal" life—to their own sorrow, often, and to our profit. They submit to us fragments of their inner world—bits of dreams and visions and songs that we—out here—don't hear except as they translate them. But this same esotericism, this same other-worldliness, may appear as religious fanaticism, artistic grotesqueries, pseudo-psychological bunk, spiritualism, mysticism, and all sorts of fad faiths and cures. Still more extreme are the totally incomprehensible productions of certain schizoid mental diseases. For example:

George Sand (Aurore Dupin), as a child, attempted to satisfy a desire for strange mental experiences by conjuring up hallucinations. Solitude delighted her, as did the reading of religious or fantastic books. She became known as an eccentric because she wandered about the country-side alone. At the time of receiving her first communion she learned the catechism like a parrot, resolving not to retain any of it. At seventeen she found Parisian life intolerable and married a man she did not love in order to escape it. At twenty-one she began a Platonic friendship which lasted four years.

THE APPARENTLY STUPID VARIETY

As Kretschmer says, when faced by social necessities, some schizoids "growl, or run away, or sit there and feel tortured, or else display a monumental peace of mind and are just dumb."

This "dumbness" is often a false front—it is a pseudo-stupidity. There is an unresponsiveness, a lack of appreciation which leads others to do the excluding. Its victims lack interest in their surroundings, take little part in social or civic affairs, manifest no initiative and no progress. They often brag about their conservatism, their fondness for the old-fashioned things, their dislike for modern innovations. They prefer to work alone with their own tools.

Many such are to be found amidst the welcome isolation of the prairie farms. It is their peculiar personality trends that makes it so difficult for the progressive, socially-minded farmer to effect rural co-operation even to the extent necessary to secure relief for the present agricultural distress. In a sense the social-minded persons make for the cities—that is, for groups of other people—and the schizoid personalities prefer the isolation of the farm. This is a tendency only; it should go without saying that many city dwellers are schizoid (particularly in larger cities, which afford the greatest of all opportunities for isolation), and many country dwellers, on the other hand, are notably gregarious.

THE GROUCHY VARIETY

The "growl" which Kretschmer speaks of is an armour of defence for the really sensitive skin of the schizoid. To ensure seclusion they erect a barrier of grouchiness, crabbedness, crochetiness, and make themselves as disagreeable as possible. Whether as bank presidents or as isolated grocerymen, whether as tramps or misers, these individuals are unpopular.

In any situation requiring contacts with others, they are apt to be painful misfits. They are a familiar problem in the daily life of every employment manager, often being retained only because of some propensity or knowledge or skill which makes them valuable in spite of the mental inflammation they cause in the surrounding personnel. If, as occasionally happens, the wheels of chance whirl them to the top, or if they frighten and annoy away all except subordinates and become masters of the machine, they are often highly successful—as the world judges. Bankers and general managers by the score belong in the category.

John Blakely was an example of this. When he was fifteen he ran away from home and went to the middle west, where by one hard job after another he eked out an existence. Gradually he secured a little property, and by tremendous exertion, close dealings, and long hours of hard work he increased his holdings until he was accounted a man of means. With his wife and children he was irascible and mean. His wife did not know until after his death how wealthy they really were. At the time he died he had accumulated many sections of land and was known to many thousands of people, but aside from the few whom he patronized with his money he cannot be said to have had a single friend.

Old Mrs. Collins was another example. She was the neighbourhood crank. She kept a rabbit hutch with several hundred rabbits in it. She collected old newspapers and magazines and piled them up in great stacks in her attic and barn. She was famous for flying into a rage at the grocery boys and postmen and accusing them of all sorts of villainy. At the time of her husband's death she accused the grave-digger of having cheated her with regard to the time spent in making the excavation for her husband's grave. The family lived with her only by dint of the most discreet silence and tact. They were accustomed to many outbreaks of accusation and vituperation.

In spite of all this, the old lady became well known as an authoress and accumulated considerable means because of her shrewd business dealings.

THE RADICAL VARIETY

Then there are the rebellious, those of the "queer" who forge through the mass of humanity about them with conspicuous aggressiveness, waving the battle-ax and shouting the war-cry, stirring up resentments and hostilities, making enemies if they find none, baiting and nagging and criticizing and challenging and attacking—these constitute another group of schizoids. Here again there are occasional successes, successes for which the world is grateful—Savonarolas, and John Browns, and William Lloyd Garrisons, and Florence

Nightingales, and Patrick Henrys, and John Husses, and Martin Luthers, and John the Baptists.

But, on the other hand, these same traits may lead to failure, producing labour agitators of the wrong types, political rebels, and general unconstructive trouble-makers. Every employer knows many instances of this type. In a large railroad strike in the middle west a few years ago, one of the most prominent characters was a tall, angular, loquacious man who was always explaining. He explained elaborately to many of the workers wherein they were being defrauded, and then explained to them in innumerable stump speeches and door-step harangues the advantages and disadvantages of a strike; and then, when the men had about come to a decision that they would strike, he began a campaign to show them the foolishness of striking. By this time it was too late to head the strike off, and after the men had struck he went about organizing the strikers and suggesting proposals of reconciliation. Later he went to the railroad people and told them, correctly of course, that he had done his best to stop the strike and for that reason ought to be re-employed by them instead of being black-listed. When the railroad refused to employ him he carried the matter from union to union and from lawyer to lawyer. He agitated the matter for years. Finally he consulted a psychiatrist because he felt that his nervous system had been ruined by the stress and strain of the affair.

THE SUSPICIOUS VARIETY

There is a certain sour smell which tells the dairy-man that the milk has begun to sour, or the winegrower that his juice is turning to vinegar. There are moments in the conduct of a trial or of a case of pneumonia when the lawyer or the doctor, long before anyone else, recognizes that the case is lost.

Similarly the psychiatrist is familiar with certain ominous signals. When a patient begins to manifest these symptoms, when he begins to talk about being pursued or persecuted or plotted against, when his eyes narrow and his voice lowers and he talks mysteriously of the malicious intent of "certain people," the psychiatrist knows that his patient's personality is disintegrating. When the schizoid personality begins to decay, suspiciousness and jealousy are the smells given off in the process.

It will surprise many readers to learn that undue suspiciousness is one of the most serious symptoms known to the psychiatrist. They will have supposed that anger, rage, visions, delusions—some other less familiar and more vivid manifestations—were more important. Not so. The symptoms called "paranoid" constitute the cancer of the mental life.

"Paranoid" is a technical word, so apt, however, that it has been taken over into popular speech. It should be. No other word so well describes, with implications of their mental unsoundness, such folk as the man who eternally suspects and accuses an innocent wife, the student who is sure the teachers discriminate against him, the merchant who suspects a plot among his competitors, the athlete who believes the coach is playing favourites to spite him, the farmer who hides in the shed to prove by catching him red-handed that his neighbour is stealing his grain (or chickens or wife), the woman who just knows her neighbours are gossiping about her, or the one who is sure she was not invited to the party because the women in her suburb have it in for her, or the man who always demands a receipt and is sure all filling-station employees steal gasoline.

Do we not all entertain paranoid ideas? Yes, of course, but not for long, and not repeatedly, except those of us who are schizoid. Persistent schizoid ideas are evidences of a breaking, if not a broken, mind. To be able to throw off occasionally such an idea and see its absurdity is an evidence of a healthy mind.

But the schizoid "suspicioner," once he takes this route, is for ever tortured by suspicions, doubts, fears, constructions, and resolutions of self-defence. To illustrate: If I am "normal," I shall never suspect that my wife is putting poison in my coffee. I shall one day be inexplicably dead if it be true, or I shall go on trustfully living if it be not true. But the paranoid individual suspects it and expects it, in vain of course, for years—the poor fellow has his wife dumping arsenic in his coffee and cyanide in his potatoes every day for months or years. His delusions burn into his soul, and he becomes obsessed with his bitterness and plans for defence and revenge. He tries in innumerable ways to prove them or to disprove them and accumulates masses of useless data as evidence of her evil intentions.

Large groups of people may develop paranoid delusions; whole nations are afflicted as a necessary prerequisite to every war. I know a brilliant physican, educated in Germany and formerly very fond of the Germans, whose bitterness since the World War is such that he will not now speak to his German friends. In this, of course, he is now an exception; once he was strictly in line with millions who believed that all Germans were devils. Paranoid delusions perpetuate class and economic wars.

And even our friend Mrs. Mary Morse Baker Glover Patterson Eddy, "on June 5, 1882, gave out this interview:

"'My husband's death was caused by malicious mesmerism. Dr. Rufus K. Noyes, late of the City Hospital, who held an autopsy over the body to-day, affirms that the corpse is free from all material poison although Dr. Eastman still holds to his original belief. I know that it was poison that killed him, not material poison, but mesmeric poison.'

"Mrs. Eddy was confident that she could have saved her husband by counter-thought, if only she had not been so occupied with her work, and had realized the power of the mesmerists. She says:—

"'Oh, isn't it terrible, that this fiend of malpractice is in the land! . . . After a certain amount of mesmeric poison has been administered, it cannot be averted. No power of mind can resist it. It must be met with resistive action of the mind at the start, which will counteract it.'

"'The atmosphere of Mrs. Eddy's house derived its peculiar character from her belief in malicious mesmerism, which exerted a sinister influence over every one under her roof. Her students could never get away from it. Morning, noon, and night the thing had to be reckoned with, and the very domestic arrangements were ordered to elude or counteract the demoniacal power. If Mrs. Eddy had kept in her house a dangerous maniac or some horrible physical monstrosity . . .'[36] the situation could not have been worse. If the water-pipe froze, or the wash-boiler leaked, or her servants were negligent, or her dressmaker was awkward in fitting, it was all the work of her enemies, accomplished by mental projections. Her mail, certain letter-boxes, certain streets, became infected with mesmerism. At one time she was convinced that the telegraph office at Boston was in the hands of her enemies, and sent a message to Chicago from West Newton via Worcester. She wanted her students to remain in Boston on the Fourth of July, a day when 'mortal mind was in ebullition,' to help her oppose the evil. She believed in a real 'printer's devil,' and attributed the delays in printing her 'Science and Health' to mesmerism. She set her students to treating mentally the pressmen against delays, and when the sheets were ready, asked them to turn their thoughts from the press-room to the bindery. Her letters are full of it; and nothing seems to irritate her more than a slighting of this essential dogma of her creed."[37]

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[36] Georgine Milmine: *The Life of Mary Baker G. Eddy* (New York, Doubleday, Page and Company, 1909) p. 301.

[37] Joseph Jastrow: *The Psychology of Conviction* (Boston, Houghton Mifflin, 1918), pp. 201-2.

For a vivid picture of this broken schizoid personality, with her delusions and tantrums and rages and suspicions and hates and fears and sufferings, but withal her intense persistency in leading a mass escape from reality, see the remarkable biography by Edwin Dakin, *Mrs. Eddy, the Biography of a Virginal Mind* (Scribner and Sons, 1930), which her adherents vigorously but ineffectually attempted to suppress.

WHAT PRODUCES THE SCHIZOID MAKE-UP?

How much of the schizoid personality make-up is due to faulty home training and how much to inherited constitutional make-up, and how much to accidents in childhood, psychiatrists are not all agreed. Much points to the inheritance of an inborn schizoid constitution, characterized by a certain ("asthenic" and "athletic")[38] physique, plus the mental symptoms we have been describing. It is probable, however, that to a considerable extent it is determined by the attitude and technique of the parents during the formative years of life. The child who is over-protected by its parents, either because of illness or imagined illness, or because of neurotic tendencies on the part of the mother, is very apt to grow up with seclusiveness and other schizoid traits. Such a child never gets enough experience with the encounters of social existence to know how to deal with them except by flight.

Other seclusive children are probably made so by a different sort of failure on the part of the parents. Some parents frighten or bull-doze or shame their children into seclusiveness. Anything which stimulates a child's sense of inferiority beyond the reach of education ordinarily received at the hands of playmates is bound to produce unfavourable reactions. The isolation type of personality is one such reaction, the schizoid type is another. The latter is a reaction of flight, pulling into one's shell like the snail. Psychiatrists formerly saw these cases only in late stages; now, thanks to the child-guidance clinics and similar efforts, they see many of them in the process of birth.

Frank Bates is twenty-five; for ten years his parents have striven to get him to leave home. He insists on staying on the farm and has always refused to go to dances, theatres, movies, or parties, or to take part in any form of social activity. His parents provided him with a car, hoping that he would drive out and see his friends. He would never go unless he went with them to town or to some of the social events which they attended for the sake of getting him there. He is a good-looking chap with many male and female admirers. "They care for me, I guess," he said; "they all like me, but I don't care for them."

In this instance some of the causative factors are quite apparent. The father is a man of iron, with a loud, hard voice, enormous arms and body, a blustering manner, and a fierce facial expression which makes him really a rather formidable person on the surface. His heart is soft; he loves his boy very much, but there can be no doubt that the child was terrified by his father at one time and that his excessive fondness for him at the present time is partly, at least, a disguise for unconscious hatred and fear of long ago.

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[38] For details of this, see Kretschmer, op. cit.

SOME SCHIZOID PERSONALITIES SUCCEED AND SOME FAIL; SOME BEND AND OTHERS BREAK

Some schizoid personalities succeed because of their schizoid traits, others in spite of them. There are certain fields of human labour for which seclusive and unsociable people are best fitted. Invention, exploration, music, and art are examples. There are others also in which the necessity of objectivity, of detachment, is best fulfilled by a schizoid make-up. The scientist himself may be an example. The surgeon, the banker, the judge—these are other easily recognized examples. All too familiar is the man who is a better judge or banker, for instance, than he is a human being. One of the best-informed psychiatrists I know of has no practice. He is skilful, excellently endowed, excellently trained, but too schizoid to get on with people.

For most of the walks of life schizoid traits in abundance are a great disadvantage. Yet in spite of them some succeed. They succeed by reason of special talents which they call into service. But unfortunately not all schizoids have inventive genius or musical genius or some other talent to capitalize, to redeem the threatened failure.

Again, some schizoids who would otherwise fail avert disaster by the grace of fortuitous or deliberate advantages in the selection of environment. Granted an environment specially modified to fit his particular needs, modified *for* him, the schizoid may succeed. In fact, his success will be roughly proportionate to the felicity of the setting into which he is placed. And of those who fail, why do some fail financially, some in their marital life, some with mental illnesses? Here again the particular constellation of abilities and the peculiarities of the environment determine.

SCHIZOID BREAKS

So great is his preference for himself, that the schizoid often turns completely inside out, psychologically speaking. The thin, frail bond which keeps him in contact with reality may be overtaxed by his craving for introversion; it may snap, and then the world will see only a shattered, unintelligible mixture of defence reactions. In other words, under certain conditions of strain, schizoid personalities are wont to break down, to "go crazy," and to go crazy in certain typical directions.

Paranoid tendencies, for example, may develop into full-fledged *paranoia,* an insidious and malignant "insanity" characterized by a slowly progressing tendency to regard the whole world in the light of a system of delusions, chiefly delusions of persecution which enhance the importance of the ego. First a feeling of being slighted and unappreciated and then of being avoided and disregarded, then of being watched and pursued, then slandered, insidiously attacked, openly attacked, plotted against, etc. This often includes other types of delusions, such as that of being the defrauded descendant of royalty, the discoverer of great secrets or revolutionizing inventions, religious convictions of divine inspiration, or ideas of sexual control or implication. Such individuals come into all sorts of conflicts with society and law, but they regard this as the natural outcome of their great but unrecognized importance and the jealousy of an ignorant world.

Similarly, the other varieties of the schizoid personality may be recognized in distorted exaggeration in the various forms of *schizophrenia*, formerly called *dementia præcox*, and still earlier called *katatonia* and *hebephrenia* and *dementia simplex*. These are the pictures presented when schizoid personalities break asunder. Sullivan well describes this as "an evolution of the life process in which certain few motivations assume extraordinary importance" (with corresponding disharmony and distortion). Consider in evidence the following examples:

"The next patient whom I will bring before you is a merchant, aged twenty-six, who comes into the room under guidance, with closed eyes, hanging head, and shuffling gait, and at the earliest opportunity sinks limply into a chair. On his being spoken to, his pale, expressionless features do not show any animation; he does not reply to questions or obey orders. If I stick a needle into his forehead or his nose, or touch the corneæ, there follows at most a slight blinking or flushing, without any attempt at defense. But during this the patient quite unexpectedly breaks into a slight laugh. If you raise his arm in the air, it falls down as if palsied, and remains in the same position that it took accidentally. After much persuasion the patient at last opens his eyes; he now also gives his hand, advancing it by jerks with still angular movements, and remains like that. If you bend his head back, he stays in this uncomfortable position, and his leg, which I have lifted up, he also keeps stiffly stretched in the air. By degrees one succeeds in calling forth still further signs of automatic obedience. The patient raises his arms if anyone does it in front of him, and imitates pushing and turning movements, whirling his fists with great exactness and rapidity. On the other hand, he does not utter a word, presses his lips together when he is asked to show his tongue, cannot be induced to write, and apart from sudden repeated grins, remains quite mute, but repeats some words shouted out loud to him with his mouth closed. He obeys the order to go immediately.

"His father was temporarily 'insane,' and could not on that account finish his college course. The patient himself learnt with difficulty, after struggling through typhus fever in his youth; was easily excited, anxious, and inclined to hypochondriacal broodings. He fell ill mentally six months ago. *As the result of differences of opinion as to plans of marriage*[39] (the impending situation to which adjustment was impossible), he became anxious, believed himself to be mocked by everyone, was afraid of coming into contact with the prosecutor, and finally, because he looked upon his life as threatened, sprang out of the window one night, fracturing his heel. On admittance to the hospital the patient was decidedly dull; he declared himself quite ready to remain, although he was not insane but only suffered from delusions. He had thought he would be murdered; everything appeared to him so changed; voices spoke to him about all sorts of family affairs. There was no demonstration of physical disturbances except an old scar on the head and a newly-formed callus on the foot.

"In the further course of the illness the patient's want of judgment, as well as his emotional dullness, became more and more marked. He thought that the meat placed before him to eat was human flesh; everything in the newspapers was about himself; the assassination of the Empress of Austria, and the Peace Conference had to do with him, his mother wanted to murder him; he was the worst man alive. The doctor he designated as the German Emperor, who had dyed his beard; another gentleman as Christ—all in quite an indifferent tone of voice, without a trace of emotion. Sometimes he said senseless rhymes to himself—'Nem, ben, kem, dem, schem, rem'—over and over again, or he repeated this incomprehensible sentence: 'One for all, and all for one, and two for all, and three for all, here and there everywhere,' and 'Almightiness,' and 'Almightiness,' and 'Almightiness,' and so on. Gradually he became more and more quiet, and gave up speaking and eating, hid himself under the bedclothes, took up extremely uncomfortable attitudes, and allowed the saliva to run out of his mouth. He has only latterly become rather more active again."

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[39] The italics are mine. K. A. M.

A different phase is presented by this girl, aged twenty-nine. "When brought into the room she lets herself slide on the ground, throws herself about, kicks with her legs, claps her hands, plucks at her hair and makes it untidy, pulls out a whole bunch of it, makes faces, hides her face, and spits round about her. She does not generally react at all when spoken to or pricked with a needle, but resists violently if you try to take her hand. She obeys no kind of orders. She will not show her tongue, and shuts her eyes as soon as you want to examine them. But, from isolated remarks, and answers quickly thrown out, it appears that she not only understands the questions, but is also pretty clear about her surroundings. But generally she calls out disconnected words, having absolutely no relation to her position, loudly and quite senselessly: 'Pupp—pups—moll—you know—temperature—fire insurance—water—Weinheim—water—creolin—God damn you!—twenty marks—say, what is—away with it—thank you very much—twenty marks—say what you want—God damn you!—water—not I—twenty marks—so God damn you!—dear child—so fire-shy—stay at home with your wife—treasures—oh—sow—say what you want—thank you very much,' etc. Meanwhile she croaks and crows, then suddenly begins to sing a hymn with expression, changes to a street-song, laughs without restraint, and breaks off abruptly with loud sobs. She is slightly built and very badly nourished; her lips are cracked and covered with scabs; her head is flushed and her pulse hurried."[40]

WHAT CAUSES THE BREAK?

A variety of "causes" may precipitate these break-downs in schizoid individuals. Schizophrenia, or dementia præcox, is a serious mental disease, because many patients never recover. It may come on insidiously, a gradual "slipping," or it may occur suddenly as the result of a situation requiring more adaptation than the personality is capable of, or as the result of an injury to the personality by grief or disappointment or physical disease. Influenza,[41] for example, did such things as this:[42]

Formula: Schizoid personality+Influenza=Schizophrenia.

Patient J. J. was born in Vermont in 1901. In temperament and disposition he is described by his brother as having been always of a quiet, seclusive disposition, never mixing with others, but preferring to remain alone. He was, however, considered mentally normal by his employers, friends, and family, and he was not regarded as particularly eccentric.

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[40] Dr. Emil Kraepelin: *Lectures on Clinical Psychiatry*; edited by Thomas Johnstone (New York: William Wood and Company, 1917), pp. 33–6.

[41] I have been especially interested in the mental disturbances provoked by influenza for the past ten years and use these examples because of this personal interest. Influenza is not an important cause of schizophrenia; it merely illustrates one mechanism of break-down.

[42] See also the last two cases in this section, pp. 95–6.

He developed influenza and pneumonia at Camp Devens, where he was a private in the infantry. He was delirious and did not regain his mental faculties. An interested friend wrote: "I am informed that when he took sick he was out doing trench work, was missed at roll-call, but was not found until the next morning, lying in the trench, where he had been working, after having lain out all night in a cold rain."

The military authorities sent only the information that subsequent to the influenza "he has been in a catatonic stupor; eats little; unclean in his habits; absolutely mute and unresponsive to external stimuli." He had been in the psychopathic ward of the base hospital for two months.

He was never accessible. He lay passively and apathetically in bed, responding to no questions by look or word. He obeyed simple orders, however, and co-operated in a fair way in the neurological examination. He made very mildly resistive manœuvres at times. After the first few days he was up and about the ward and was seen to look through magazines. He continued to show queer behaviour and lack of interest; when addressed, he presented his hand, and shook hands listlessly. He could not be urged, persuaded, or forced to speak, smile, laugh, or cry. His facial expression remained fixed and impassive and his thought process showed complete blocking. He seemed at no time unaware of his environment; his reception of external stimuli was not interfered with. Thus, when told to indicate by signs his interpretation of some object, he did so slowly and uninterestedly, but quite correctly.

Physical examination and all laboratory (chemical) examinations were negative—that is, showed nothing wrong.

Another illustration (see Kraepelin's second case, above) of how the break may be precipitated by the sudden necessity of an adjustment beyond the individual's powers, already sorely taxed:

A girl reared in the lap of luxury had been transferred from a finishing school to a co-educational college. She was very active socially, but owing to a technicality was not initiated into her sorority. Simultaneously she failed in one study, a unique experience for her. Finally there was "a poor young professor" with whom, out of sport at first, and then seriously, she began a flirtation. His financial incompetence and other such matters militated against a full development of the affair and she and her friend broke off over a misunderstanding, but with much distress and pain.

Suddenly, soon after, she leaped to her feet in the middle of the living-room and screamed at the top of her voice, assigning irrelevant explanations. She soon began to hear "voices" which told her that there had been a wedding at the college, that she and the professor had been married, that everyone was looking for Mrs. S., herself. She wrote this letter to her imaginary husband:

> "My darling Kenneth:
>
> "The days are so long without you. My babies are not well. I wish you would take a different attitude toward my position in life. You know May Ward has custody of my children and since she has hers, my babies are running at large in the city.
>
> "Of course you know I left nothing in my will to you and I'm dying rapidly without the enjoyment of ever having taken care of my babies. My social obligations are no longer evident and I do expect you to act differently in regard to my position in the future."

Many other queernesses and delusions followed. She was pregnant; she had had a child. She was a queen or even an empress; her father was a Negro substitute who had inherited much wealth, now to be hers; she was hypnotized, infected with syphilis, poisoned; gas was being shot into the keyhole, arrows were fired at her, etc.

Usually she walked and talked in a stiff, stilted, over-polite, and gracious way, as if she were a princess. Occasionally she would do extraordinary things, sometimes silly, sometimes serious. For example, she suddenly rose up one afternoon and crashed two tumblers at another patient who sat drinking lemonade near by. Often she would order the nurse and doctors out of the room with curses and a stamp of her foot to emphasize them.

This is a sample of her talk:

"I am going immediately. Have you noticed the constellation of the stars this evening? It is very dangerous and should be watched closely. After the crucifixion of Christ and supposedly of some others, probably from a social point, there was a constellation of stars—that is, a gathering of stars and an extra star appears in the heavens. When there is constellation of the stars it is a sign that some person or group of persons is in very great danger."

This is a sample of her writing:

"The test therefore is this: that if in the past we have met with the glorious success of example and time we steadily acquire so law along men. To proceed, I am illegitimate, being an orphan in society I was taken at five years of age by England to be the subject of a hypnotic test most guards of Chicago are being brutally poisoned she's place so are my darling brothers the blue-eyed Congressmen.

"Why China planned such a murder or massacre is ungovernable instigated by an insane person who escaped the draft at Camp Funston and failed to receive his bonus due to investigation.

"If my life was to have been sacrificed for the European why was the General Marchand to have received $300,000 of mine forwarded by the French government to stop the hypnotism and to be my asking shuns equal in society? Why did you take me so cruelly? My dearest hope is that the American Legion will love and understand my attitude toward those who have so cruelly murdered civilization, but in the first instance, why should New England or the dirt of London kill me in America?"

DANGEROUS ASPECTS OF SCHIZOID BREAKS

Schizoid personalities once broken down demand help and protection. The stuporous types, the silly and stunty varieties, are helpless, the paranoid types are dangerous. The victims of paranoid breaks are burning with hate and fear and revenge. They are for ever erecting defences and plotting retaliations. Sometimes, too many times, they carry out these plans. The murders of Garfield and McKinley were tragedies of this type. Twenty-three persons were shot in one day in a city of my own state by a man who believed himself to be the victim of persecution. A doctor friend of mine was shot by his own son, whom he refused to believe to be dangerous. The son had repeatedly hinted that he thought someone was after him, "doping him," "trying to blackjack him," etc., and the father foolishly pooh-poohed the idea and assured him that all he needed was a vacation. Vacations don't cure paranoid mental breaks.

A man whom I once examined in one of the state hospitals for the criminal insane was known by his relatives to have been "queer" for five years before he walked into a doctor's office one day and accused him of hypnotizing his wife. The doctor rather testily asked him to leave. He returned some days later, marched into the doctor's office, and emptied a gun into the doctor, saying: "You'll not hypnotize any more women and ruin homes for real men!"

Dr. W. A. White, in his stimulating book *Insanity and the Criminal Law* (New York: The Macmillan Company, 1923), has collected a number of these cases as they occurred in the army. For example: A twenty-nine-year-old private had done so well that they had promoted him to be a corporal after three months. But then a change was noted in him. He began to fall short of his previous efficiency. For a minor offence he was tried by court martial and fined twenty dollars. He applied for a transfer to another post, but this was several times refused him by Captain R. He went one day to the basement, loaded his gun, put it in his pocket, and said he was going to get the soldier who had taken two dollars from him. While he was looking for this soldier he was summoned to see Captain R. because of a report of misconduct. He told the captain that he would like to resign. The captain said: "Very well, that will do, corporal. That is all." Instantly the soldier shot the captain and then turned and shot two other men who were standing in the room, whom presumably he believed to be additional enemies.

An old farmer (a patient of mine), who was very well thought of in the community where he had spent all his life, and who was entirely deaf, began to "hear noises in his head." "Sometimes they sound like dogs barking or like the wind blowing." At other times they seemed like the noise of a train, or people talking, or like someone running after him.

One night they sounded like footsteps upstairs. "I heard you go into the hired man's room last night," he said to his wife the next morning. "You are unfaithful to me, I know you are." This the innocent woman earnestly denied, and he said no more about it at the time.

A few weeks later he told two neighbours that three of his nine children really belonged to old Doctor Peabody. The neighbours refused to believe this, for his wife was of irreproachable character. "Oh," he said, "I can see you're all against me." After that he told all his friends that each of his children had a different father. Besides the old doctor there was old man Schmitz, the blacksmith; one Sam Jonson, who had moved away, and a schoolmaster whose first name was Oscar. He couldn't be sure who the others were.

He kept trying to get his wife to confess her infidelity. "If you don't I'll blow your head off, and mine too. But first I'll kill some others. It'll be one of the biggest murders you ever heard about." One day he put a gun to her head and said he would kill her unless she admitted her guilt. The poor woman said he'd have to kill her, then, for she wouldn't confess a lie. He put the gun away, but told her she would have to get down on her knees at the church bazaar, before everybody, and confess, or he'd yet carry out his threat. Fortunately he was sent to a hospital before disaster followed.

The public rarely recognizes the seriousness of paranoid symptoms. A man in Washington, D. C., applied at a hospital for treatment for an injured foot. Appropriate treatment was administered, but he developed the idea that one of the doctors "had it in for him." He sought out the doctor and shot him three times, but not fatally. He was arrested and put in jail, where he was so untidy, restless, and confused that he was transferred to the government hospital for the insane. He continued to give expression to ideas of being persecuted, said "wrong thinking" had been "put on him"; cried, listened to imaginary voices, which he said accused him of being a pervert, attacked other patients.

Yet some of his relatives insisted that he was not insane and succeeded in hailing him before a court on a writ of habeas corpus. The jury, after hearing the symptoms and the opinion of the doctors, unanimously found him *sane* and released him. Thus released into the world, the paranoid patient sooner or later gravitates into trouble, and this dangerous man, released, against the advice of all the doctors who had studied the case, by a jury of laymen who assumed to know more about it than the doctors, shot and killed, a short time afterwards, a total stranger of whom he suddenly became suspicious. (White)

(Newspaper clipping)

"SUSPECTING HIS WIFE
HE SHOOTS OLD FRIEND
K. C. REAL ESTATE MAN BADLY WOUNDS PULLMAN CO. HEAD
WALKING INTO BUSINESS ASSOCIATE'S OFFICE
JEALOUS HUSBAND FIRES WITHOUT WARNING

"Believing his close friend and business associate, C. A. Miller, superintendent of the Pullman Co. here, had wrecked his home, Harry J. Wheeler, 37, this afternoon entered Miller's office in the Union Station and shot him three times without warning as he sat at his desk. Miller tonight hovers between life and death at a hospital.

"When shot, Miller staggered to his feet.

"'My God,' Wheeler said. 'He's on his feet! Let me finish him.'

"'He broke up my home,' Wheeler explained. 'He has given me plenty to worry about. I should have been talking six months ago. I'm sorry I didn't kill him. I hope he dies.'

"The two, associates in the Kansas City Fuse Co., had been friends ten years. Their wives were almost constant companions.

"Friends said Wheeler had been extremely jealous of his wife, who on April 10 filed suit for divorce. They declared he would not let her play cards because he was afraid she would be invited out. He would not let her drive the family motor car, they said, for fear she would take other men riding. For years he would not rent an office for his real estate business because he wanted to be near Mrs. Wheeler, neighbors said. The friends declared there were only three dishes of a kind in the Wheeler house and only three sets of silverware for the Wheelers and their child, 10, because Wheeler wanted no company." —Kansas City *Star* and Associated Press, May 3, 1928

IS THERE NO HOPE?

Once the schizoid personality has completely renounced reality, turned its back on real life and dived into an unreal world of fantasy, delusion, hallucination, regression—once a schizoid has broken, the chances are against his ever returning to the real world—that is, "recovering." In this respect schizophrenia differs from ordinary fever delirium, with which everyone is familiar, and usually passes over. Schizophrenia is a long delirium.

Some psychiatrists believe that no case of true schizophrenia ever gets well. This seems absurd to me. I have seen many cases get well. Kraepelin, who formulated the disease, said that from ten to twenty-five per cent get well. I think that is conservative. Pessimism on the part of physicians has probably prevented a few of them from getting well. Stupidity and panic on the part of relatives have prevented some others. But rightly and hopefully treated, many schizophrenic ("dementia præcox") patients do recover, completely.

I once advised the relatives of a man to place him in the state hospital. They were frightened at his odd behaviour, his delusions of being persecuted, and other clear evidences of severe mental sickness. His sweetheart, a very queer little person, insisting that his relatives and not he were sick, fought against hospitalizing him. After a considerable legal fight he was left at large. To the amazement of us all, he never betrayed another delusion or fear from that time on, and is still working in an important business office. I thought he had schizophrenia; I still think so. But he recovered.

A young married woman with negative family and personal history, and no tendency to be seclusive, was ill with influenza for two days, followed by a multiple neuritis for a few days. Five weeks afterwards she began to have paranoid delusions of ill-favoured comment by neighbours, etc. Subsequently this extended to a false conviction that she had syphilis and other diseases. She was admitted to the Boston Psychopathic Hospital, where I studied her. She was slow and confused, had many delusions and hallucinations, and was unanimously diagnosed "dementia præcox" by the hospital staff doctors.

Her family doctor wrote me five years later: "She returned home, where she was watched and guarded very carefully as at times she bordered on violence directed especially against her husband. . . . With fresh air, forced nourishment and constant care she made a complete recovery in about six months and since that time has been her usual happy-go-lucky self. . . . Two pregnancies, normally terminated, without any sign of mental disturbance. . . . I consider her now to be perfectly normal."

Another one of my Boston cases was a girl of twenty with negative family and past history. During a very severe attack of influenza, lasting seven days, she began to show confused excitement, talking in a rambling way about undertakers, trenches, and angels. After three days of this she became almost entirely mute and would have nothing to say to or do with anyone. She stood about in queer poses and attitudes, appeared to be listening to mysterious voices, smiled and gesticulated to unseen things.

This continued about six months, gradually improving. A year later she returned to her work as a stenographer and has worked steadily and efficiently ever since.[43]

5. THE CYCLOID TYPE

Moody Personalities

Moodiness predisposes to failure only when it becomes extreme. There are moods and moods, as everyone knows, but the characteristic moods centre in the two poles of happiness and sadness. Instead of the environment provoking the emotional reaction, moody people seem to arrive independently at a state of gloom or elation, and it determines their behaviour. Frequently it is an alternation between the two extremes. "I'm on top of the world one week and down in the depths the next," people often complain to me. "One week I can do anything and get lots accomplished, and then during the depression everything will slump."

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[43] It is only fair to state that some psychiatrists do not believe that the cases just cited were correctly diagnosticated; i.e., they do not think they were really cases of true Schizophrenia, because they got well. This opens up a very technical question not suited to discussion here. Those interested may consult my discussion of the matter in *Schizophrenia* (New York, Paul B. Hoeber, 1928), chapter xiii, pp. 182–203 and the bibliography thereto attached.

This is typical. The pendulum action has been a familiar phenomenon to students of the mind for thousands of years. It was noticed as long ago as Hippocrates, several hundred years before Christ. Perhaps Saul suffered so. Domination by emotional extremes and the cyclic alternation of moods characterizes one great group of personalities, the "moody" we will call them, and a corresponding group of mental illnesses, the *cyclothymias* or *manic-depressive* psychoses.

Harvey Behring is an extreme case in point. He was a stout, florid man who gave the impression of great ability and power. His conversation immediately stamped him as a superior individual. When he was only thirty-three he had acquired nearly forty thousand dollars by his enormous activity, working nightly until one o'clock in the morning, month after month. He became over-sanguine, invested the money all in one project, lost heart in it, became depressed, and lost all of his money.

He recovered from this and started in business again on a small scale. A few years later the building which his business occupied was destroyed by fire and he was plunged into another depression, in which he remained a year. After that there occurred attack after attack, with and without provocation.

His characteristic cycle would begin with a phase of prodigious activity in which he would exert himself to the utmost. His efforts were usually crowned with a good deal of success, and this success would only stimulate him to greater exertion. At the same time, however, his judgment would become impaired by an overdose of optimism and he would make wild plunges and risk large sums of money. Sometimes these speculations turned out well, but more often they turned out badly. Then he would be plunged into a depression in which he would be quite incapable of doing any work at all. He would wake up in the morning, groaning, crying out for God to spare his soul, heaving long sighs, and bursting into tears when spoken to. This depression would pass and he would again work himself up to great enthusiasm and industry.

In one of his depressed phases he shot himself.

This is an extreme example of the moody personality type. There are several varieties, the gay, the gloomy, the irascible, the alternating. Those constitutionally gay are apt to be highly distractable, but care-free and self-confident, given to jests, chatting, pranks, sports. They are very approachable and communicative, although often overbearing, arbitrary, impatient, and even belligerent. They are quick and animated, talk readily, easily, and abundantly, and often write in the same way. Their brilliancy and alertness, their versatility, their multiplicity of ideas, their kind-heartedness and sunny disposition, are likely to make them many friends in spite of their faults. They are always prone, however, to depressions, just as the depressed types occasionally experience periods of elation.

Typically, the chronically moody person of the depressed sort takes life seriously; he takes things hard and sees the dark side of things. Life seems to him to be more or less of a burden. Each task seems gigantic. He bears with conscientious self-denial obligations of life without any of the pleasure of living. He usually becomes anxious and despondent, feels useless and unfit. He lacks self-confidence and decision and seeks the advice of others on the slightest occasion. He is prone to have physical complaints and anxieties.

The oscillating type of moody personality swings back and forth between the two extremes, today lively, sparkling, and radiant; tomorrow depressed, listless, and dejected.

The hot-heads, who carry to extreme the emotion of anger, are still another variety. They are strongly affected by everything and often unpleasantly. Every little thing offends them, or at least they are apt to become offended at some little thing and pass over much bigger things. A slight provocation will be sufficient to provoke rage and storming, sometimes outbursts of cruelty and retaliation. There are likely to be violent scenes with scolding, shouting, yelling, threatening, cursing, etc. Kraepelin describes a patient he knew who in such a fit of rage threw a whole pile of plates on the floor, hurled a burning lamp at her husband, and then attacked him with a pair of shears. These individuals are ordinarily serene, self-confident, self-assertive, but ill-controlled, and subject to attacks of sullenness, crossness, unhappiness, and excitement.

THE "UP" PHASE

A certain doctor friend of mine is celebrated for being able to say more words to the minute, drive more miles per hour, and treat more patients per day than it is given to most of us even to imagine. And I have a real-estate friend whose annual salary is in six figures, who earns it chiefly because of his prodigious supply of cheerful enthusiasm, energy, and industry—in short, "pep." It almost kicks him over sometimes (in fact, that's how I met him).

But failure does come to many of these accelerated and exhilarated types. A brilliant, exuberant college student doing everything on the campus and making "A" work in all his studies was carried beyond the limits of good judgment and became uncontrollably over-active. This propensity is likely to be accompanied by bad judgment, and so my young friend soon announced his extremity by stealing successfully and successively ten or twelve automobiles. When the police finally apprehended him, the swiftness and skilfulness of his thefts and the noisy gaiety of his demeanour convinced them that he was a super-crook.

Fortunately the judge was easily convinced otherwise, and this man is now occupying an important public position. During his convalescence I secured a position for him in his old home town, and he wrote me many remarkable letters some of which are excellent illustrations of the accelerated machinery of this type and condition of mind. I quote a representative passage, which excellently describes "how it feels":

"My emotional experiences here have not been great or many. It is a new environment, and I am rather limited in my associations and amusements. I seem, however, to have become 'settled,' or at least to have lost much of that soul-built intensity that was so characteristic of me but a short time ago. I fear my tool of imagination with which I cut so many a delicious—although precarious—slice out of life, is becoming dulled. I no longer seem to possess that fervid compassion towards life. I would say that I was becoming 'middle aged.' Maturity, anyway, is a matter of experience rather than of time, and I have lived precociously.

"Perhaps this new turn that I describe is a sympton more hopeful than otherwise; but at times it really frightens me when I think of myself as no longer a Crusader or a Don Quixote. Sara Teasdale reminds us that life finally gives us Truth and takes in exchange our Youth! I believe I may now be making just that barter with life, and I cannot help but think that in many ways I am pressed to a hard bargain by the exchange. I have found a great enjoyment in my new and old friends here who have been so splendid to me, but I still like at times to get away from the whole press of social environment, and take a momentary refuge in lonely thought. Christ went to the mountain, and Mohammet to the desert for meditation—perhaps I am cursed with an introspective vice; but you know our vices are always such pleasant things.

"I believe, however, I am pruning the more psychotic elements, for I have not been subject to any sweeps of melancholia or tides of depression. My emotional schematic curve would now, probably, be tending towards a more even course, considerably above the gulfs of despair to which I have so often dropped, but still far below the Parnassian heights that I have known; and if I am to strike that level we call normal, if I am no longer to be thrown between Hell and Heaven, then I have achieved a certain inglorious peace which could never be happiness; but—ah!—I have also lost a certain torment of ecstasy, a deliciously mad confusion of soul...

which, if at times played me fiendish tricks, at others, brought to me angelic ages compressed into a single flash, that years of redeeming contentment can never know!"

Jane Morton was a jolly, exuberant girl, the life of the party, always. She dived into Chautauqua-managing as a profession and was succeeding gloriously, one summer, when the break came. Her enthusiasm simply went beyond all limits; she worked and talked without stopping for about seventy-two hours, and then skipped out on a bus for a near-by city, sans hat, coat, and purse, saying that she was going for a good time. She was apprehended by some stodgy police who were sure that she was drunk, and kept her in jail until her relatives removed her to a sanatorium. She recovered, as they nearly all do, when properly treated.

The extreme of the "up phase" is called *mania;* Jane was, technically, a maniac. They are not always so pleasant. The phase of excitement may be dominated by irritability and pugnacity; many inexplicable fights, both fistic and legal, have occurred because such a personality in such a phase encountered an unsuspecting and uncomprehending irritant.

THE "DOWN" PHASE — MELANCHOLY

Much more frequent, much more serious, much more understandable, are the swings to the opposite pole. This is how it *feels.* Later we shall see how it *looks.*

"DEDICATED TO ANYONE WHO FEELS THE SAME

"Given: a body with an aching, aching back and shot through with endless lassitude and a desire to end the back-ache and make itself a matter of no concern to

—a restless mind, which functions on a low plane, where it gives more dismay and dissatisfaction than healthy-minded joy. A mind which sees too well but yet not well enough to satisfy

—a weary ego whose respect for itself is lost in the knowledge that it merits no respect or praise from others and feels it must have unwittingly played the hypocrite to gain them

—a personality which like an aged horse is better put out of its gnawing misery.

"Come sit on top of the world with me, barefooted, with hair flowing free, and with the clear pure winds whirling round this strangling world. Let's dangle our toes in the clouds, and puncture the air castles which drift up from earth's children who are not yet cursed with wisdom. But oh! we needn't limit ourselves to such little mischiefs. When we look at this earth which we have just appropriated as a bench—don't you see, after all, it's only the same stupid, stifling world in which we used to live? Remember its pettiness, its paltry complacencies at its simple-minded achievements? Don't you remember how it was built without plan into a grotesque ruin where no one knew how to get what he wanted, no one wanted what he got, and those most nearly wise saw nothing worth their wanting? Oh, to be quite philosophically fair, as we used to be at rare moments, it is the dynamics of the thing we abhor. A few of my sentimentalities concerning bits of its structural sublimities still cling to me. But, shucks! we cannot forgive this earth the miseries it perpetrates. I know what we can do. You don't want to sit on such a wretched world either, do you? Let's bang it and sliver it and slash it to pieces with our heels. That would be lots of fun. Oh, you say, where would we sit afterwards? Shame on you for such a sensible thought! We shall have so much fun battering this old earth to pieces and pulverizing it that we shall just effervesce into the clouds; and then, my dear, we shall have had our gay good time and there will be no more things to tangle people up, and no more people to tangle things up. Come on—let's start!"[44]

It is likely to be forgotten by the outsider that the moody man's ideas are dictated by his moods, his feelings. We ordinarily assume the reverse. In the following passage the reader may think— Well, he's not so far wrong, at that. It *is* depressing to look up at life that way. But this same patient, at other times, could make an equally convincing argument for the beauty and happiness of life. In both cases, right or wrong, the ideas conform to the mood.

"Ultimately, I know, I must return to that paltry world where there is nothing either good or bad enough to inspire a soul which wanders helplessly between romance and reality and finds neither satisfactory.

"One doubts that it is more cowardly to die than live.

"The idea of doing again the petty things which somehow go to gain the high esteem of witless fellow mortals, the pin-pricks which mount to agony as one ignores them with a twisted, painted grin—how infinitely weary and disheartened it makes one feel!

"If I could but dip a quill in vitriol and curse a God who planned this cosmos and the feeble human beings who act in it! These deluded human beings who feel themselves masters of all they survey, little dreaming of reality or of the true nature of their surrounding! But no, I cannot feel that any god planned the world. I must be rather grateful that men are given the limitations, the illusions, which keep them comfortably complacent, unable to see what might be, blind to half the unbearable stupidity of the whole mess, and worshipping power and prettiness when power makes slaves of half the souls, and beauty fades unheeded."[45]

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[44] D. P. H. May 1929.

Fortunately for the world, Abraham Lincoln, characteristically a "moody personality" type, was preserved from a wretched failure by the intelligence and decisiveness of his friends. This is an aspect of the life of Lincoln which many persons do not know, although it is recorded by most of his biographers. After the death of Ann Rutledge he was incapacitated for months with melancholia. Again in 1841 he was plunged into so deep a depression that he was taken by his friends into guarded seclusion at the advice of physicians, and all knives and dangerous instruments were removed from his reach. His wedding day had been set and had arrived; preparations were all made; the guests assembled, but Lincoln did not appear. He was found in his room in the deepest of dejection, entertaining delusions of unfulfilled obligation, of unworthiness, and of hopelessness. He is quoted as saying that he was the most miserable man living, and that "if what I feel were equally distributed to the whole human family, there would not be one cheerful face on earth. Whether I shall ever be better, I cannot tell; I awfully forebode I shall not."

Nor were his friends too sanguine. His law partner, Stuart, described him as a "hopeless victim of melancholy." His future wife's relatives frankly considered him "insane." A specialist in Cincinnati was consulted, although Lincoln found most relief from confiding in his friend Doctor Henry, who, he said, was necessary to his existence.[46]

He himself called his affliction hypochondriasis, but it was assuredly more than that. It was typical melancholia. The possible consequences to this nation and to the world of this episode in Lincoln's life, had it been otherwise than so judiciously handled, are terrible to consider.

Yet the affliction that engulfed Lincoln is no stranger to mankind. Creeping upon its victims insidiously, or seizing them like a storm, the grey clouds of depression settle down upon many thousands[47] every year. This refers not to the wave of sorrow that fate and fortune and the laws of nature bring to every human being, nor to the mild depressions of spirits that are said to be characteristic of Monday mornings. Melancholy moods are familiar to us all, such poets as Poe, Thomson *(The City of Dreadful Night)*, and Robinson have verbalized them, and Chopin and others have put them into music. But the mood may grow stronger than the man, and more frequently than not it is expressed in futile tears and groans instead of melodies and verses.

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[45] Ibid.

[46] L. Pierce Clark: "A Psychologic Study of Abraham Lincoln," *Psychoanalytic Review*, Vol. VIII, no. 1 (January 1921).

[47] About two thousand cases are committed in New York State each year; it is safe to say that this means that five thousand or more cases actually occur in New York State annually.

The depression that overtook Lincoln and King Saul and others great and near great and not at all great are definitely recognized illnesses of a type with which psychiatry is intimately familiar. How does melancholia differ from "the blues" with which we are all familiar? Chiefly in degree and in direction. Usually, also, the "blues" depend to a greater extent than real melancholia on some external event—a loss, disappointment, frustration, physical illness, or the like.

But the melancholy man is usually unconscious of the real reason of his sadness and invents false reasons which he believes. His sadness gets worse rather than better with the passage of time. Environment factors are of little importance; they may contribute to it and may precipitate it, but they only mask the real, buried causes. For the *grieving* person the ego is unaffected; it is the outside world which is poor by reason of the loss. For the *melancholy* person the outside world is good enough; it is the ego which is destitute.

MOODY PERSONALITIES OFTEN FAIL—SOMETIMES ONLY TEMPORARILY

(1) FAILURES IN SCHOOL

David Morris was a freshman in college. He was not regarded as being depressed, but came before the dean because of over-cutting. To the dean he made the excuse that his eyes were weak and troubled him a great deal, glasses failing to give him relief. The dean felt that there was more to it than this and referred him to the mental-hygiene counsellor. It soon became evident that his supposed weak eyes were an excuse for a much deeper affliction.

His father was a powerful man in the community, respected and revered. He and Dave were great chums. They hunted and fished together, walked together, went to church together. Upon one thing they differed; his father disapproved of playing football and had tried to get him to postpone going to college until the football season was over. To this the lad objected, and with a flourish decided he would go and support himself. He received an offer of a job and then made his declaration of independence with a fine sense of security. The job proved to be one of meagre salary, however, and he found it impossible to carry on his school-work, play football, and earn sufficient money to keep himself in school. Consequently, in spite of his fine determination in the matter and his ambition to show his father that he could do it alone, he had to give up the football. This almost broke his heart, as he said. He lost interest in school. Then his eyes began to hurt. He couldn't wear his glasses. He couldn't study. Hence he couldn't recite. Therefore he cut classes. He had no heart for any of them.

When she was sixteen years old, Esther Oliver entered college and in addition to a lively social life, including sorority, dancing, movies, dates, etc., she made an honour rank along with her brother. In the second year they played more and studied less. Towards the end of the year her brother died of appendicitis, and grief detracted from the patient's interest in school. So she stayed out of school for several years and was quite happy in so doing, having found a pleasant occupation in her home city. When she returned to school she found everything very difficult. She tried to study, but could not keep her mind on her books. Neither could she sleep at night. In the evening she would feel better and believe she could go on, but in the morning she would feel as if it were futile to carry on any longer. A physician was consulted, who advised that she quit school. She did so but almost immediately became more depressed. She burst into the bitterest sobs and self-recriminations. "I have disgraced the family," she said, "I have proved myself yellow; I am a quitter, and everybody will know it. I can't bear the shame and disgrace of it. It will ruin us all."

Her depression went from bad to worse and she became exceedingly ill for a period of some months, but recovered completely and was able to resume her work the following year.

Grover Reeves graduated from the university with the highest honours. He was also winner of numerous prizes and fellowships. A great future seemed to be opening up.

Despite this he suddenly became tremendously blue, felt that it was all of no use, that he might as well quit. He rejected various scholarships and other opportunities that had been offered to him and went to work at a small job in a rural district. He began to feel better then and made a big success out of his seemingly unpromising position. In addition to his own business, he got control of the newspaper and the local theatre and ran all of them. He not only made money, but made himself a great name in the community. He was exceedingly happy. He took a pleasure trip to Europe and returned with the idea of resuming his post-graduate education. No sooner had he opened a book, however, than he began to doubt his powers and wonder if he had will-power enough, stamina enough, and character enough to keep up his study. The further he went in the semester, the more distressed he felt. He became so blue he thought he must quit. He took the bus to the next city to consult a physician, but became so distressed on the way that he had the bus-driver let him out before arriving at his destination and walked into the city with tears streaming down his face.

(2) FAILURES IN LOVE AND HOME LIFE

Failures in the achievement of successful love-pursuits and the maintenance of happy home life are frequently associated with depressions. Depression is likely to be the picture resulting from the distress of the maladaptation rather than the cause of it. Actually, as in one of the cases cited in the preceding group, and in the celebrated case of Abraham Lincoln and Mary Todd, the depression itself may interfere with the consummation of the love-project. Lincoln, it will be recalled, failed to appear on the day set for his wedding, and after a long wait the party dispersed and he was found suffused with anxiety and dejection.

As a girl, Laura Pope was brought up very rigorously by a strict, puritanical mother, whose domination she had always resolved some day to escape. Her opportunity came when she took a position away from home as secretary to the president of a manufacturing concern. She became tremendously enamoured of her employer, chiefly because he was a bold, ruthless man and seemed strong enough to compel her to do anything he wanted her to do. Although he had said nothing about marrying her, she felt confident that this was his intention, only to be thrown into a state of great distress when she obtained reliable information as to his "unfaithfulness." She was sure that her name was linked with his in the mouths of the town gossips, that she would be classed with the women of questionable reputation with whom he was reported to have consorted. She began to regret intensely the various occasions upon which she had been with him, at the same time clinging doggedly to her original love for him.

She found herself increasingly incapable of thinking of anything but the affair. She talked about it to everyone who would listen. She took position after position in other cities, but had to resign from each of them on account of her nervousness. She became increasingly careless about her personal appearance and seemed to slump in every way until instead of a neat, efficient, active young woman she was a sloppy, garrulous, erratic, lugubrious old woman at thirty.

Her depression completely paralysed her efforts for the next two years. Then at the insistence of her family she placed herself under proper treatment and eight months later was improved to such a degree that she interested and won the love of a young business man, was married to him, and resumed her place in the world.

Mrs. Louis Miller had been married for twenty years. One day her daughter came home and said that she had seen her father in an automobile with another woman. Thenceforth Mrs. Miller became increasingly sad. She cried much, moaned, wrung her hands, walked the floor, or sat gnawing her fingers and trembling. She was quite inconsolable.

Her husband was tremendously distressed by the whole affair and was utterly bewildered as to what to do. He said she had always been immensely fond of him—"she was just wild over me"—and afraid she would lose him or that he would cease to care for her.

Like so many of these cases, this patient subjected herself to an abdominal operation with the idea of being cured of her depression, without effect. She did not recover for several years.

(3) FAILURES IN BUSINESS LIFE

Walter Hale had just been promoted to the position of manager of a chain of grocery stores. For six months he had filled the new position with credit to himself and profit to the management. "Suddenly," as he put it, "something seemed to break; everything slowed up; I couldn't think; I couldn't work as fast as usual; I lost my pep. I didn't want to see anyone and I thought they didn't want to see me."

Thinking his work to be responsible for his depression, he gave it up and tried one job after another, giving each up in the same way. He grew increasingly depressed. "The whole world seemed very dark, very dark. And all life seemed useless and purposeless." Vague fears of various sorts assailed him, that the theatre in which he sat would be burned down, that he was infecting people around him with disease, that he had lost his chance for ever in the business world, that he was to be poisoned, that he was losing his mind. He decided to kill himself by jumping in front of a train.

Severe as this case sounds, the treatment was not very difficult. Mr. Hale consulted a psychiatrist, who had many conferences with him, pointing out the psychological factors underlying his sudden panic and depression and tracing them back to childhood experiences which tended to undermine his self-confidence in certain situations. He was counselled to give up his work entirely for a year and put himself passively in the hands of certain intelligent friends, who were given specific instructions as to how they could best help him overcome his depression. Travel of all kinds was absolutely prohibited, and quiet seclusion with constant but unobtrusive companionship was provided for. A year later he was his old self again, had re-established himself in business, and was doing as well as, or better than, before.

Warren Fable went through a similar experience and came out on top. He had gone into partnership with a well-meaning but reckless partner who involved them rather heavily. The business was bearing up all right in spite of this stress, but Fable became convinced that they were ruined. He could not be persuaded that there was any reason for optimism. He began to fear that he was already bankrupt and was operating fraudulently, and the idea came to him that he might be put in the penitentiary. He would break down and cry at times. When he could be persuaded to talk at all, he would go over and over the items of business which he thought proved that they were failing. After two months in a psychiatric hospital, with isolation from his relatives and the best physical and medicinal treatment, he had recovered sufficiently to go home. A month later his physician wrote: "You would not know that Mr. Fable was the same man; he is cheerful and industrious, and seems to have no cares nor worries in the world."

Horace Larson, although a son of well-to-do parents, had largely supported himself since the age of nineteen. He was a handsome, amiable lad and very popular in his department of a large commercial house. When he was twenty-four years old he was promoted to a better job in a branch office, with a fifty per cent increase in salary.

The new tasks seemed to upset him completely. He felt increasingly incapable of holding the job, complained bitterly of various features connected with it, came home several times on visits, and was finally discharged by his employers, who regarded him as inexplicably lazy and incompetent.

The picture of melancholia became increasingly obvious to everyone after his discharge. He talked constantly about his failure, his disgrace, his loss of prestige, the hopelessness of his position, the emptiness of the future. He broke his engagement to be married and gave up all social life. To his parents' amazement, he frankly confessed when questioned that he would like to kill himself.[48]

He, too, recovered under treatment.

SYMPTOMS OF MELANCHOLIA

Even the most profound depressions have a beginning. The first symptoms are usually a slight reduction in "pep," a mild tendency to inactivity, a suggestion of undue preoccupation, a little sleep disturbance; later a loss of weight and appetite, a suggestion of restlessness or irritability and loss of interest in things. Obsessive worry and especially a preoccupation with some real or imaginary physical symptom are common. Later come feelings of inadequacy, uselessness, futility, wrongness, sinfulness, poverty. I have purposely said "feelings," because the mood largely determines the ideas, rather than the ideas explaining the mood, as naïve observers, such as relatives and friends, are apt to think. The ideas entertained are not always entirely false, although they usually become so. These false ideas (delusions) of melancholy tend to be of three general sorts: those dealing with the past, in which the individual is self-accusatory and blames himself for sins of omission and commission, sometimes exaggerating insignificant offences and sometimes manufacturing terrible non-existent crimes; those dealing with the present, in which the patient is self-disparaging and believes he is diseased or ruined, that he is morally worthless, despicable, unclean, etc.; and, finally, those dealing with the future, in which the patient believes that there is an impending disaster, or feels convinced that ruin and desolation await him and his friends inescapably, or that he and his loved ones are doomed for destruction, crucifixion, or hell-fire.

In the extreme states some patients are too overwhelmed to speak or eat, and others are agitated by the terror of their thoughts. After some weeks or months the cloud passes. Little by little the false ideas disappear; the ordinary ways of life and the customary attitudes towards things and persons return. The old "pep" comes back and the patient becomes just as well as he ever was in his life. He realizes that he has passed through a morbid period, recalls much of his suffering, but is loath to discuss it and is glad to go on in the former happy channels of life as if nothing had happened.

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[48] As a sidelight on the family influences in this case, and on the peculiar problems of the doctor, I should add that when Horace's parents were making arrangements to place him in a hospital, his father returned after I thought everything was settled to ask: "Now, if Horace *should* happen to kill himself on the way to the hospital, shall I get my money back?"

All depressed people are potential suicides! The responsibility is with relatives and friends! Many of the suicides ascribed in the newspaper to financial worry, disappointment, etc., are undoubted cases of melancholia; they would probably have recovered and gone on to useful lives had their conditions been recognized and the proper steps taken by their friends or relatives!

Suicide is a serious problem. In spite of all the clamour about crime waves, few realize that murder is of much less frequent occurrence than suicide. Moreover, the victims of suicide are, generally speaking, far more desirable members of society than the victims of murder. Many of the latter are underworldlings, killed in quarrels, arrests, etc., whereas the victims of melancholia —many of whom attempt suicide, and not a few of whom succeed—are usually of a distinctly higher, however erroneous, mentality.

Every psychiatrist has scores of experiences like this: Mr. X. brought in his son for examination because he was "nervous." He was told that his son's "nervousness" was really a manifestation of a melancholia and that he might kill himself if he were not watched, and ought to be confined in a sanatorium. Mr. X. scoffed at the idea of so intelligent, sensible, and seemingly self-controlled a man as his son doing such a thing. Six days later the son was found hanging from a rafter. The papers said he was worried over finances. The father regards it as an inexplicable tragedy. The psychiatrist regards it as another instance of preventable suicide which ought to be called manslaughter.

Suicide is a form of death which should concern physicians no less than do tuberculosis and cancer, and the public no less than murder and rape. In 1923 sixty-two physicians died of this cause, forty-eight lawyers, fourteen ministers, twenty-five editors, fifty club women, and over two hundred business men. Every day the newspapers herald the reports of suicidal deaths among respected and ill-spared citizens.

To the psychiatrist, familiar with mental sickness in all forms, suicide is an ever-present spectre. It is a frequent cause of death among his otherwise recoverable patients. Knowing them intimately, he knows how inadequate any simple explanation of the act must be. In general, it is the solution a certain type of personality makes for an unbearable situation. The psychiatrist today considers mental disease to be indicated by unhappy or inefficient adaptation to life, and in this hectic struggle the psychopathic patient is likely to choose suicide as one of the ways out. There are other ways—morphine, delirium, day-dreaming, an alcoholic spree, a good cussing, or perhaps just a fishing trip.

The psychiatrist sees many suicides and attempted suicides in his patients and ex-patients. They are, in a sense, his failures. But sometimes he fails because he lacks co-operation. He lacks an understanding on the part of relatives (and sometimes the doctors!) of what the pre-suicidal state looks like. If this situation could be remedied, much suicide could be prevented. The novels and newspapers have very definite ideas about suicide, most of which are wrong. For the motives impelling a man to this unhappy solution are never so simple as newspaper reports would indicate. Suicide is never caused by a single thing, such as ill health, unrequited love, grief over an erring daughter, etc. Nor is suicide ever the first symptom of the mental state which it terminates.

If asked about it, depressed people will often admit their plans or hopes for death; they occasionally mention suicide spontaneously, but more often deny it, thus throwing the relatives off their guard. They are suffering intensely, and silently, and death looks sweet. Family and friends try in vain to cheer them up, and plan trips and parties and vacations and visits, all of which only increase the suffering. All the more they are impelled to find a way out when opportunity presents itself to escape the family. They will elect or devise all sorts of methods to do this. We could cite innumerable examples of this: a patient who stuck his head in the bath-tub after his nurse had bathed him and left him for a moment; a patient who hanged herself with her shoe-string; a patient who cut his wrists with a broken electric-light globe; a patient who battered his head against the wall; one patient who drank several ounces of hydrochloric acid, some in ginger-ale, some undiluted; and any number who shot, hanged, and poisoned themselves.

They rarely attempt suicide in the presence of another person. Hence it is usually not difficult to prevent it if the danger is recognized. Properly treated, these depressions gradually lift, and the patient recovers his normal emotional balance and has no more urge toward suicide. Great care should be exercised, however, not to assume too quickly that the temptation is gone, just because the patient appears cheerful. Some of our greatest tragedies have occurred under these circumstances.

Not all suicides are melancholiacs, although most of them are. There are suicides with inferiority complexes, with sexual abnormalities and psychopathies, with other types of brain disease, such as paresis; and, most important of all, some are apparently "normal" persons. But such persons belie the adjective "normal" by the act of suicide, and those of us who are familiar with the hidden struggles of persons passing as "normal" know what great pain they may be silently enduring.

THEORETICAL ASPECTS OF SUICIDE

From the theoretical standpoint, suicide is the turning upon oneself of an attack directed by hate, usually unconscious hate. The self may represent someone else against whom the subject bears unconscious hate. Combined with this are other factors, chief among which is exhibitionism—a dramatization of the childish fantasy of "I'll go and die and then they'll be sorry they treated me so mean—they'll see me lying there all dead and then know how I suffered."

> When the grass shall cover me,
> Head to foot where I am lying;
> When not any wind that blows,
> Summer blooms nor winter snows,
> Shall awake me to your sighing:
> Close above me as you pass,
> You will say, "How kind she was,"
> You will say, "How true she was,"
> When the grass grows over me.[49]

Finally, we recognize in suicide the best example of the direct gratification of the "death instinct" recently postulated by Freud.

In other words, the suicide is a person of unstable emotional make-up who meets with reverses which he cannot, or feels he cannot, bear and solves them by a flight from reality in which he impulsively strikes a blow which cannot be rescinded, expressing simultaneously his hate, his fear, his despair, and his longing for peace.

There are such things as unconscious suicides—"accidents" and diseases brought on by the patient with an unconscious motive. Some of these appear to be accidental (and inevitable) even to the perpetrator. Many fatal accidents must be regarded by an impartial student aware of all the facts as "accidentally on purpose." I am assured by some of the most eminent phthisiologists that tuberculosis is often quite clearly a form of unconscious suicide on the part of a patient who has conflicting wishes both to live and to die, but is unaware of his success in gratifying the latter—underhandedly as it were—in a capitulation to the bacilli of Koch.

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[49] Ina Coolbrith in *The Home Book of Verse*, edited by Burton Egbert Stevenson (New York: Henry Holt and Company, 1912–18), page 1114.

WHAT IS THE CAUSE OF MANIA AND MELANCHOLIA?

The picture of melancholia may occur in any of several different diseases. But true melancholia, and mania, are extreme exaggerations of the characteristic tendencies of the moody personality. We know very little about the real causes. We know that there are hereditary predispositions. We know that some cases are precipitated by griefs, others by illnesses, others apparently by nothing at all. We think we understand something about the psychology of them—in melancholia the feeling of a poverty-stricken ego, hopelessly far removed from the ego ideal and utterly disinterested in life and love; in mania a false sense of having achieved this ideal. We know that the tension of striving towards the ideal, the pressure of instinctive interests and demands, the dynamic balancing of emotional reactions, seem to snap like the mainspring of a watch, and the wheels cease moving or else run away with themselves. But just why the breaks occur we do not know.

But we do not need to know the cause of a fire to know how to put it out. So our ignorance does not leave us helpless.

MISTREATMENT

A. *Melancholy persons cannot be "cheered up," or jollied, or reasoned with.*

B. *Home treatment is usually inadvisable; these cases need hospital care, treatment, and protection.*

C. *Almost as bad as no treatment, or perhaps a little worse, is "trip treatment."* To illustrate this:

A woman of fifty complained of nervousness, despondency, lack of interest in life, flatulence, back-ache, headache. She was examined by several very capable physicians and was told to take a trip to Colorado, that it would do her good to get away from home. This is exceedingly dangerous advice for mentally sick patients. Try as they may, they cannot get away from themselves, and very few of these cases are actually made sick by their environment. This particular patient made the trip as advised, but dived out of the car window on the way.

D. *Patients are frequently removed from the hospital too soon, before they have fully recovered.* For example:

Mrs. K. had been under our care for three or four months and had made apparent recovery from a very severe depression. Her husband was importunate and we consented to his removing his wife on condition that he get someone to stay with her constantly for the next three months. He said she seemed so cheerful and so like her old self that he scarcely thought it necessary, but would do so if we insisted. All went well for about a month, when one day the woman whom he had hired to stay with his wife in the day time was ill and could not come. He thought he would take the chance because she seemed perfectly well. She got his early breakfast, and when the children got up she prepared their breakfast, washed them, and dressed them and sent them to school. Then she cleaned up her house neatly, put everything in order, went to the barn, and hanged herself.

TREATMENT

Treatment of the proper sort is exceedingly important because the great majority of these cases recover. This recovery sometimes occurs under the worst of conditions; that is, the patient gets well in spite of misunderstanding, mishandling, and mistreatment. It is obviously better, however, to give him the best possible opportunity for the expediting of his recovery. This usually means isolation, protection against visitors (even relatives), physical support, the best of selected food, careful nursing, a variable amount of sedation by baths, electricity, and medicines, and, above all, psychotherapy of the right sort. Those cases in which an organic disease is a factor require still more specific treatment. All of this is more fully discussed in Chapter V.

Often no one but the afflicted ever knows he is depressed and he must help himself unaided. How?

Of course one can argue with oneself. Failure and frustration, defeat and disappointment—these are experiences common to the human race. It is an old saw that success depends upon reacting to them with equanimity.

One may sometimes regain composure and self-confidence by recourse to an old trick. Everyone is a master of something. He may comfort himself with that. For instance:

A Harvard professor, who is world-famous for his achievements and popularity, was obscure and self-disparaging until he accidentally (?) discovered that he could play chess better than any other man of the school. This gave him a sense of assurance that helped him to give freely to the world great work in the scientific field. Not everyone can be a chess champion, but some can excel at golf and some at making a cake and some at music and some in entertaining children. It is a great gift to be able to recognize one's own excellencies. It is said that some men don't know when they are licked, but it is even more useful to know when one has really succeeded.

And as for the frustrations and losses sustained, it is helpful to apply a revised version of the fox and the grapes; not to call them sour, because this is an idle self-deception and cold comfort. The fox could not get the grapes, nor could he bear to face the fact that it was in himself and not in his stars, as Cassius could have told him. He might have crawled away with his tail between his legs, thinking how impotent and worthless he was not to be able to get those grapes, shedding tears and meditating suicide. He might, on the other hand, have made various other more satisfactory solutions. He could have got a certain amount of satisfaction from smelling the grapes if grapes it must be, or he might have jumped just a little higher or hunted up a box to stand on. However, a little intelligent reflection would have reminded him that grapes are a poor diet for a carnivorous beast like a fox, and a beefsteak would be not only more palatable but more easily obtained. And finding himself baffled in what must have been a rather ludicrous spectacle—that of a fox jumping up at a cluster of grapes—he might have accepted the situation with a sense of humour and had a good laugh over the *flips* of fate in a puzzling but lovable old world as he trotted on down the road!

Even then it is not all said, and some of us will still be blue. The ideal of serenity in the face of all events is an impossible one for some temperaments. Try as they may, they cannot "treat those two impostors just the same," but must over-react to both success and failure. There is some help in the thought that comforted Lincoln, that "this, too, will pass." Religion of some kind; the love of something ineffable—God, beauty, nature—the devotion to a task—these save some from depression. Some think that it is the relinquishing of the intensity of religious faith, or its failure to engross its adherents as formerly, that has brought about the increased number of depressions in these latter days. There are fewer now who can say with Job: "Though He slay me, yet will I trust in Him." Job and Jesus knew grief, but not melancholy.

In general the thing for the melancholy man to do is to seek the most proficient counsel available and act upon the advice given. If suicidal thoughts occur to you, you owe it to yourself, your family, and the world to tell someone about it whose emotions are stable enough to guide you through the shoals of danger. That is what good friends are for. And a wise friend will not be presumptuous. He will take you to a psychiatrist. Modern psychiatry has developed to a point comparable with the better-known and more spectacular achievements of major surgery. Surgery of the mind is often as necessary and as feasible as surgery of the abdomen.[50]

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[50] Some of the cases and paragraphs in this section are taken from the author's chapter on "Depressions" in *Why Men Fail* (The Century Company, 1928), edited by Dr. Morris Fishbein, editor of the *Journal of the American Medical Association* and of *Hygeia,* who has gathered some excellent illustrations in chapter viii, and by Dr. William A. White.

Words for a Young Woman Who Wanted to Die

Death falls from the air, unwise the first
Crow of the young cockerel, bloody the grass while the scared hawk
rises
Angry, unsated; her helpless brood will starve
Withered and dry and dead where the cool wind stirs
The straw of the nest on the mountain.

God is a hunter unsure, why does death neither hasten nor wait
There where the maimed fox crawls in the brambles
Moaning to earth? . . . There is not
Death enough in the world, men say, we shall judge
Life, we shall choose, we have hands, we can wield
Pistol and knife and rope, we are free, we have souls, we desire
Riches and love and peace, we shall poison the fierce
Sane cruelty of life with the mind's
Sick fevers; we breathe, eat, sleep, only to botch
Being with consciousness, we are the incommensurable
Idiots of the universe, creatures of God's decadence, life's
Last epilogue. . . . God, what empty echoes ring when man, the
denier, steps
Falsely from his part, struts, poses and declaims—ah, God, what lying
trumpets blare
His curtain!

—James Rorty, in *The Nation*, Vol. CXXIII, No. 3192

6. THE NEUROTIC TYPE

Frustrated Personalities

The word *neurotic* is fairly familiar to most intelligent people, but it is variously interpreted. For many it is a dignified synonym for "nervous." Some people consider it something of a distinction to describe themselves as neurotic. For others, particularly doctors, it is a word of opprobrium describing those individuals whose propensities for complaining outdistance all conceivable degrees of actual physical disease, and who cry their symptoms to high heaven in spite of the flimsiest evidence of organic trouble.

In truth, the neurotic is both of these, and neither of them, and much more in addition. Theoretically the neurotic personalities are those prone to develop neuroses, the neuroses being certain explicit types of nervousness soon to be described. Actually, however, all neurotic personalities do not develop neuroses. Those who do, account for most of the chronic invalidism of the world; and those who do not (and even some of those who do) are the chief contributors to the advance of civilization. In fact, one might say that the neurotic personalities contribute to the advance of civilization at the expense of their own peace of mind.

Hysteria, which is the typical neurosis, comes from a Greek word for womb. It is very interesting to note that several thousand years ago, when the word was coined, it was recognized in some way or other that there was some connexion between it (and all the neuroses) and the sexual instinct. The first theory of this was that the womb (votépa, hyster) got loose from its moorings in some way or other and wandered about over the body and thereby produced symptoms in this or that region, according to where it maliciously nestled. This very well symbolizes the modern view that the neuroses are essentially a displacement, not of the womb, but of the sexual instinct, or rather of the outlets for the sexual instinct. This will be made more clear in the chapter on motives; it must suffice here to say that *the neurotic personality is one whose primitive instincts have been modified to meet social demands only with painful difficulty.*

This difficulty arises usually because of the prejudices, misapprehensions, shocks, rebukes, experiences, and parental examples of early childhood. Hence the neurotic personality is very definitely a product of the childhood environment and depends largely on the individual's parents.

The neurotic personality is itself the evidence of considerable difficulty in the proper investment of one's sexual instinct. The sexual instinct is one of the great driving forces in human life. Civilization has immensely elaborated the opportunities, the fruitfulness, and the significance of sex, and it has also greatly increased the difficulties of achieving its ends. In the days of our ancestors, in all likelihood, a man who felt so inclined simply sought a woman for mating purposes, as any of the quadrupeds do today. He might have to do some fighting to get her, but no more than that. Today there are multitudes of obstacles to be overcome before a man may marry a maid, and great responsibilities devolve upon him once he has taken the step.

Now this increase in the complexity of the expenditure of sexual instinct is only half of it; civilization has also greatly increased the opportunities for the development of the individual's self-expression aside from his physical propensities. For primitive man life was a matter of eating, sleeping, hunting, fighting, and procreating. Life today has infinitely more diversions.

And it will be seen upon a little reflection that this elaboration of interests and forms of self-expression which we call civilization could have been possible only at the expense of the sacrifice of the simple, easy, direct self-satisfaction methods of primitive life. It is only when resistance is placed in the course of an electric current that heat and light are developed. And it was only by the imposition of certain repressions that the interests of mankind became extended to their present and ever-increasing range. In other words, civilization and culture owe their existence to the thwarting of primitive tendencies, particularly the sexual instinct, and in this sense *civilization itself is a neurotic product.*

Now, it is not remarkable, considering how recently we have arrived from the stage of simplicity just described, that many of us should have difficulties in adapting our instincts to the elaborate code of twentieth-century civilization. This is characteristically true of the neurotic personality. He wants to have his cake and eat it. He wants to achieve the fruits of culture, but he also wants to retain more primitive forms of satisfaction.

As I have written this, it is altogether too simple. For it is too easy to say that the neurotic is vacillating between culture and animalism. Rather it should be said that the neurotic is confused and torn and distraught among a variety of opportunities. He is not defective or moody or withdrawn; he is thwarted. His unconscious mind is the scene of a terrific battle between unreconciled tendencies and opposing trends.

This battle goes on in the unconscious of every person, but in the neurotic personality it is closer to the surface of consciousness, the sides are more evenly matched, the fray is bloodier. For the "normal" person it is quickly, quietly, painlessly settled one way or the other. He eats his cake or he keeps it. He kisses the girl or he lets her go. He likes poetry or he doesn't like it. But the neurotic can't decide. He appears to want one thing and to do the other. He seems to create obstacles for himself and to stumble over his own feet.

Speaking more technically, what he does is to seek peace from the internal war. This he does by running away, by making a counter-attack, or by bringing about a compromise which allows both of the conflicting tendencies to achieve some kind of satisfaction.

The bachelor, for example, is obviously a man who has adjusted himself to his sexual instincts in an abnormal way. Now, his actual relations with women—that is, with the opportunities for the direct expression of his sexual instinct—may take any one of three different forms: he may avoid them entirely, which is a form of *flight;* he may pursue them ruthlessly, like Don Juan, which is a form of *attack;* or he may be quite indifferent to them, and absorbed in the study of his "nervous indigestion" and constipation. Such men usually say that if they should ever get into a physical condition such as to make them capable of caring for a good wife they would certainly get married, but that surely it would be unfair to a woman to expect her to live with one so afflicted. This is an instance of *compromise*. The symptom acts as an excuse, and it also acts as a vehicle for expression of physical sensation and of bodily interest which should be expended in a more fertile direction, either in direct sexual expression or in a *sublimation* of direct sexual expression. If instead of dyspepsia this man would make poetry his outlet, his bride, so to speak, the world would be better off and he would be much more comfortable. He could still be described as having a neurotic personality, but not a neurosis. A man with nervous indigestion, however, has a neurosis.

Compromises of a sort valuable to society are called *sublimations* and it is upon sublimations that culture depends. To repeat the formula in a simple way, sexual instinct must in the nature of things be more or less thwarted. If this thwarting or frustration is followed by the turning of the energy into an unproductive channel, the individual is said to have a neurosis. If it is deflected into a productive channel, he is said to be sublimating. The schoolteacher and the nurse represent simple forms of sublimation of their maternal instincts. The artist and author are creators in no less definite a sense than the famous Austrian who was the father of forty-three children. The fact that the surgeon, the lawyer, the actress, and the minister are afforded opportunities for sublimation by their professions is a little less obvious until one remembers that sexual instinct involves many more tendencies than merely that of possessing a person of the opposite sex and procreating children therewith. The many forms which sexual emotions may take would carry us far afield into a matter which belongs to the chapter on motives.

I know of a club composed of distinguished and accomplished men. There are a bank president, the manager of a corporation, some lawyers and doctors, an editor or two, authors, journalists, business men. They are intelligent; they are educated. Their conversation is brilliant. They are the wise men of their community, the advisers and counsellors, the strong, sane men. Some of these gentlemen give evidences of possessing in addition to their high degree of culture neurotic personalities. None of them can be said to be out and out neurotic. Any of them might easily become so.

Look closely at one of our friends. He is so kind and so honest that he would certainly not deceive anyone in the world. He is amiable, soft-voiced, and gentle, and yet he is a lawyer famous for his fierce and courageous fighting in the court-room. But he allows himself to be tyrannized over by a hard, bitter, selfish, relentless wife who gives him no peace, yet from whom he is powerless to escape.

Here is another one. He is immensely fond of his wife and devoted to his children, but perfectly incapable of resisting any attractive woman. Time after time he is dragged out of messes by the heels, and only the extraordinary forbearance of a remarkable wife has saved him from the ruin that her desertion would certainly mean to him.

That newspaper man over there who knows so much about almost everything is interested in nothing so much as that about which he knows the least—namely, medical science. His own health is by far the most important topic in the world. He is alarmed at rainy weather on account of the possibility of colds; he believes that dry weather is likely to promote epidemics. He fears cold weather on account of pneumonia; hot weather on account of heat strokes. He has a propensity for wearing rubbers and heavy underwear. He is anxious and suspicious of his food. He eats far too much of it and immediately regrets it. He has never been sick in his life, but he is always expecting to be imminently.

The clear-eyed, clean-faced man who spoke so quietly and deferentially about a certain woman whose name was mentioned is a Don Juan. He has had literally hundreds of affairs, all of them on the most carnal basis. Women, he says, are to enjoy. He deeply regrets that some of them are foolish enough to fall in love with him.

And that lecherous-lipped, hollow-eyed artist over there who talked so callously about his sister's life as a prostitute in Chicago, what of him? Well, he plays the violin in a Sunday-school orchestra every Sunday of the year. He is the president of a music and art club. His most intimate friends are in Y. M. C. A. and religious work. He has never had intercourse with a woman in his life. He never will.

One of the men is very wealthy. He devotes tremendous energy to the making of more money. He has an attractive wife, and he thinks he is very fond of her. He takes her home rich gifts, and they live in a miniature palace. They make occasional trips to Europe and frequent trips to New

York. They entertain lavishly. The world thinks she is a very lucky woman. The world does not know that she is a patient of a psychiatrist, nervously upset and desperate because of her cold, empty, loveless life. Neither does her husband know it.

One of the doctors, although a skilled clinician, expert both in diagnosis and in treatment, surreptitiously tries out on himself almost every patent medicine which is submitted to him in the form of samples. He always has a symptom or two which call for some drug or other which he always has conveniently at hand. When he goes on a fishing trip, being the doctor in the party, he is expected to bring along a medical kit well stocked with drugs. He does so, but he consumes most of the contents of it himself. In spite of this he is for ever developing some new complaint.

The banker is a great moralist; he is forever stressing the ethical question involved. He insists that nothing can be beautiful which is not in some sense good. He is fond of quoting Epictetus and he deplores what he calls the modern irreverence. He scoffs at religion because he says it is impotent; but he glorifies righteousness. He has had three divorces and has twice been blackmailed by women.

Rather than spend more time in detailing examples of neurotic personalities who give clues to their maladjustment in these simple, single ways, I propose to proceed directly to describe the full-blown collections of compromise formations which we call the *neuroses.*

THE NEUROSES

(The break-downs of neurotic personalities)

Classifications of the neuroses are hopelessly confused at the present time, but in general there are usually described three main types, to which I have added a fourth. These are *hysteria, neurasthenia, psychasthenia,* and the *drug addictions.* It is the drug addictions (including alcohol) which I have added to the group for reasons which I shall develop later. The other three forms are well-known classical "entities."

Psychasthenias are the most complex and occur in the more complex people. They are characterized by intellectual and emotional symptoms—fears, doubts, anxieties, compulsions, obsessions, etc. These have nothing to demonstrate; they simply tell you about it, and they realize fully the psychological nature of their symptoms.

In neurasthenia, as with psychasthenia, the patient has nothing to show—and a great deal to complain of. His complaints are largely physical—pains, aches, weaknesses, fatigue, tears, sleeplessness, etc. But whereas the psychasthenic knows that his troubles arise within himself, the neurasthenic is sure that his do not. Neither one has anything physical to demonstrate, but the psychasthenic doesn't try to have, whereas the neurasthenic is constantly seeking to prove that he does have. Doctors examine him over and over and tell him nothing is wrong—but he doesn't believe it and goes elsewhere.

But, in hysteria the patient has nothing to say; he lets his symptoms speak for themselves. They are always gross, conspicuous physical and functional changes. No less than the neurasthenics, the hysterical patient is sure that there is nothing mental about his trouble—it is purely and surely physical.

i. PSYCHASTHENIA

(Doubts, fears, anxieties, obsessions, etc.)

A typical case

Mr. Robert Harrington was in charge of the credit department of a large and prosperous wholesale firm. He was regarded as one of the most intelligent and efficient business men in the city. His judgment was relied upon not only by his own firm but by many related business concerns. He was a director of one bank and one other corporation. None of the men with whom he had been associated for twenty years had the slightest idea that he was a patient of mine.

Yet, according to his own story, he had been a constant sufferer since childhood. "Never," he said, "have I been free from a pervading sense of unreality, a feeling that things were not right, that I am only partly here and partly in some other world. I can't seem to shake this funny feeling out of my head. My life is filled with presentiments and fears. I am distressed at a thousand possibilities which never happen. When I go to bed at night, I never go to sleep until I have worried and stewed over a score of things which have happened during the day, or which I fear may happen as the result of something I did during the day. I wake up in the night with feelings of anxiety and terror. Every night is full of the most hideous dreams, in which incredible terrors and adventures of indescribable horror involve me and seem to have been brought about by me.

"Occasionally I get the notion that I am going to die. I realize that it is absurd, as there is every indication that I am in the best of physical health and have no chance of dying, but I get so frightened at the thought that I see possibilities of death in every little thing. I think something in my food may give me acute indigestion. I wonder as I wash my face if I might get some water in my ears that would give me an infection; I think of the possibility of being wrecked on the way to work. The thought comes that the building may tumble in, or that an earthquake or lightning or some other act of God may occur that will end things. Sometimes I even look at the men in the office and think what if they might accidentally shoot me. I know such things are impossible, or at least improbable, but all sorts of such fears come to me. Then I wonder if I may have accidentally caused someone's death at some time in my life. I have actually driven back as far as ten miles to see if a car I passed at the side of the road might accidentally have been grazed by me as I drove by. I have spent hours trying to make sure that I have not made a mistake that might injure someone, realizing, even as I do it, that there is no probability of it and that I am punishing myself for something. I look back over pages and pages of correspondence to make sure that I am right about a certain client upon whom I am to pass judgment, and waste a great amount of time on something that should be done offhand. I make elaborate preparations each night in case of my unexpected death, which of course never occurs.

"No one in my firm has any idea why I have never married. They often joke me about it and most people think I am so engrossed in business that I lack any of the finer sentiments and affections. As a matter of fact, I have thought a thousand times I would get married and I have fallen in love with a score of girls. I never get further than an introduction, however. I have the feeling that if I should try to talk to a woman, or to interest one in myself, I should make a horrible and shocking failure. I should be covered with humiliation so intense that I should nearly die.

"As long as I keep my mind on the details of our business and devote myself assiduously to that and nothing else, I am relatively comfortable. It is not real peace of mind, but just relative comfort. I remind myself that I must always keep from the world the fact that I am suffering so intensely. I have broken scores of social engagements without an explanation; I have let the world think I was hard-boiled and socially indifferent; I have jeered at the antics of nervous people and at the theories of psychiatrists, and no one realizes that I am constantly struggling to maintain a camouflage, behind which cringes a tortured worm."

Compulsion neurosis (a form of psychasthenia)

The general manager of a large corporation came to see me about eight years ago with this story:

"Doctor, we are very much disturbed about a problem that has arisen in our business. We have in our employ a young woman whom I regard as one of the most capable business women I have ever known. She is really a brilliant girl. She never has got along very well with the other employees, but she can grasp the principles of a problem extraordinarily well and she is conscientious to a painful degree. She just must have things perfect.

"A few weeks ago the head of her department said something to me about her queer behaviour, but I presumed it was some little attack of hysterics such as women have, although I thought it a bit unusual that she should have it. I really forgot all about it. But so much has happened since then that I have come to realize that it is a case for a psychiatrist.

"It seems that for some time she has been increasingly irritable and unsociable with the other employees. She went about her work as if much troubled with something. One of the men in charge asked her if anything was wrong and she rather irritably but emphatically denied it.

"A little later some of the employees saw her shaking her head and moving her lips, clenching her fists, clutching her hands over her breasts, and in fact acting just a little 'goofy.' We would notice her doing various stunts, each one repeated the same number of times, three I think it was. For instance, she'd tap her foot on the floor three times, or fold and unfold her hands, or get up and sit down again, or cross her knees and give three little kicks with her foot.

"You might think offhand that it is just a plain case of a girl losing her mind and developing some form of insanity. But, a funny thing about it, you can see it isn't that if you talk with the girl five minutes. She's just as sensible, intelligent, and self-possessed as ever. I don't know much about mental trouble, but I know that girl isn't crazy. Yet, when you ask her why she does those things, she just hangs her head and says nothing. I want you to see her."

I did see her. I saw her something over two hundred times within the next year or so and I could fill a book twice as large as this one with details of the symptoms and their unconscious significance and motivation.

In the first place the manager was quite right in saying that the girl was not "insane" in the popular sense; that is, she was not in any sense a menace either to herself or to society. She certainly was, however, tied up with a terrific "compulsion neurosis," which is one form of psychasthenia. In addition to the peculiarities of behaviour which my informer described, there were numerous other performances which she told me about herself. One of these was a very elaborate method of getting undressed to go to bed. By the time she had arranged her clothes precisely as she wanted them, read certain passages in her Bible a certain number of times, and assumed certain postures in the bed, it was nearly two hours from the time she started to the time she was able to fall asleep.

Anxiety Neurosis (another variety of psychasthenia)

"My wife called me home from work one morning about ten o'clock. I thought something terrible must have happened. Her eyes were dilated, her mouth was white, she was gasping. She just looked like someone who was literally scared to death. Of course I asked her what was the matter, and all she would say was: 'I am dying, I am dying.' I called two or three doctors and they examined her over and over. In fact they put her in a hospital for a week, but they never could find anything wrong with her. She finally confessed that she had taken a tablespoonful of grated nutmeg to bring about an abortion, but in the first place she wasn't pregnant, and in the second place the doctors said nutmeg wouldn't hurt her anyway. But from that time on she has complained constantly about her heart palpitating, her pulse being weak, and she feels as though she were going crazy and thinks she is going to die any minute. She will break out in a sweat and tremble all over. She will get so dizzy she nearly falls down. She gets terribly passionate and then totally frigid. She has attacks of diarrhœa, and then for days she will worry over being constipated. Doctor, I didn't know a human being could have so many symptoms and be so nearly scared to death without knowing what she's afraid of!"

In the case just cited, the sexual energy was aroused, thwarted, and given no satisfactory outlet at all. In the following case it is directed back on to the patient's own body instead of in the normal direction of interest in her husband.

ii. NEURASTHENIA

(Multiple complaints of physical ailments, on little or no organic basis)

"Ever since I have been married I've been nervous. If I didn't have the finest husband in the world and one who takes most wonderful care of me and puts up with all my complaining and all my sickness, I'd be a grass widow. The average man just couldn't stand it. I haven't been a wife to him at all. I've been too sick. First there was that awful headache. Oh, I can't tell you how terrible it was. It just knocked me down, and I thought the end of the world had come. It never really has gone away in all these eight years, but it's nothing like what it used to be. But there's been a lot of other things. There's a sort of an internal trembling, you know, a kind of inward nervousness, and I just feel as though all my organs were quivering. One doctor told me my nerves were tied in knots.

"I don't know why it is, but I can't stand anything. I haven't strength enough to walk from here to the street-car and back. I may get up in the morning feeling pretty good, but by the time I get breakfast for my husband and have started in on my morning's work I'm nearly exhausted, and by noon I'm just completely played out.

"And then I'm so terribly constipated. I really think I could go a week without a bowel movement if I didn't take something. And I've tried all the cathartics there are. My husband says that whenever there's a new cathartic invented, I hear about it and go and try it. Even then I have to take enemas every day or two. If I don't I just suffer terribly. Why, once I was down on my back for six weeks, simply because I neglected my bowels. Of course some doctors say there's nothing to this, but I know there is. I've been through it and I know.

"I guess I told you about my sweating and getting so hot and then so cold. Did I tell you about that funny twisting feeling? It runs right through my right side down into my leg. Once I noticed it come clear up to the top of my spine. I think it's a nerve loose or something like that. None of the doctors know what to make of my case. I've been to dozens of them. Yes, and I've tried osteopaths and chiropractors. I even went to the new psychology school and I don't know what all else. Some say I ought to try Christian Science, but you can't tell me these things are imaginary, and they are not in my mind either. I'll admit I'm nervous, but there's a cause for these things somewhere. I know I never had 'em before I was married."

Another case of self-directed libido:

A heavily bewhiskered Jew of thirty came bouncing into the clinic one day, and without taking a chair or even awaiting a greeting he began an outpouring of griefs and ailments of great number. Once the list was finished, he began again and I heard the same song sung three and a half times before

I interrupted. As he talked he leaned painfully forward, one hand on his back, the other pointing to his forehead or tapping his belly. He used every conceivable gesture to indicate that his burden was greater than he could bear.

"It all started from the flu, all this started then. It started in my body, then it settled in my head. I laid there from January till April; then I had two operations and it did not give me any relief, just stayed that way, and then I can't hardly walk, am awfully dizzy, and when I look up I can't stand it and I have a hard pressin' pain at the front of my head like my think is about gone, just like that, it presses always against me. It hurts me 'way up to my ear. Someone said it was imaginin'. I can't hardly walk, just go from one side of the street to the other, can't keep myself balanced. Had an awful pain come in my head and that went to the left side right into my ear from my head; that made me kind of deaf, and I am awfully nervous. I can't sleep very good either. I believe that's all."

The following is a typical (and *bona fide*) letter from a neurasthenic patient to her palpitating relatives:

"Dear Mother and Husband:

"I have suffered terrible today with drawing in throat. My nerves are terrible. My head feels queer. But my stomach hasn't cramped quite so hard. I've been on the verge of a nervous chill all day, but I have been fighting it hard. It's night and bedtime, but, Oh, how I hate to go to bed. Nobody knows or realizes how badly I feel because I fight to stay up and out doors if possible.

"I haven't had my cot up for two days, they don't want me to use it.

"These long afternoons and nights are awful. There are plenty of patients well enough to visit with but I'm in too much pain.

"The nurses ignore any complaining. They just laugh or scold.

"Eating has been awful hard. They expect me to eat like a harvest hand. Every bite of solid food is agony to get down, for my throat aches so and feels so closed up. They feed me at 7:15, 12 and 5.

"With supper so early, and evening so long, I am so nervous I can't sleep until so late. I haven't slept well since I've been here. My heart pains as much as when I was at home. More so at night. I put hot water bottle on it. I don't know if I should or not. I've been wanting to ask some Dr.

"I had headache so badly in the back of my head last night and put hot water bottle there. My nurse said not to.

"They don't give much medicine here. Mostly Christian Science it seems!

Well I must close or I never will get to sleep. My nurse gets off at 8:15 so she makes me go to bed by then.

"My eyes are bothering me more.

"Come up as soon as you can. My nose runs terrible every time I eat.

"The trains and ducks and water pipes are noisy at night.

Annie"

"P.S. I don't mean to be so partial by addressing this to Mother, they are for all."

Here is a fragment of another letter, a list of symptoms recorded by a patient anxious to enter a Wisconsin hospital. These are typical neurasthenic complaints.

> A severe Pain in the Crotch of the Brest.
> A Pain at the top of the Stomic.
> Falling Backwards.
> Awful sick throughout the whole Body.
> Bloating at Bottom of Bellie.
> Languid—fretful—of long suffering.
> Crazy Dreams see things that never was.
> Worry nervous inside.
> My breathing Springs right Back to me.[51]

The psychological mechanisms involved in the neuroses are often quite obvious. The convenient headache, the imitative nervousness, the self-exalting invalidism are examples. This is to be discussed in detail later (Chapter IV); but here are two brief and illuminating cases:

When Anna Burlingame was thirty-four years old her older sister became very seriously ill with typhoid fever. Complications occurred so that the sister had to be taken to the hospital, where she was successfully operated upon.

But the curious thing was that as the sister grew better, Anna grew worse. No one had known that Anna was sick at all. Of course she had been worried and anxious over her sister; she couldn't sleep very well and lost her appetite; then she began to twitch and jerk and feel panicky. She lost interest in things; her heart beat too fast; she felt worn out and tired all the time. She thought her head might burst.

But the most curious symptom of all was that even when her sister was improving and was well out of danger, Anna couldn't see it. Even after her sister had completely recovered and was, in fact, taking care of Anna herself, Anna still felt as if her sister was very sick and likely to die.

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[51] *Journal of the American Medical Association*, "Tonics and Sedatives."

Later Anna remembered to tell me that she had had daily headaches for many years, but that during the five or six months that her sister was sick she had not had a single headache.

The inference here is that Anna would have liked to have her sister remain sick. At least Anna was well as long as her sister was sick, and Anna began to be sick when her sister began to recover, and she continued to believe that her sister was sick even when she knew that it was incorrect. Her unconscious death-wishes towards her sister and the dependence of her headaches upon certain hates and jealousies towards this sister are also suggested by these symptoms and may seem more understandable in the light of the information that these two sisters, both unmarried, lived with a beloved brother, also unmarried, and vied with each other in caring for him and currying his favour. It took many months for Anna to discover this and free herself of the unhappy propensity for expressing her hate through headaches, and "if anybody had told me the things I discovered about myself," she said, "I'd have called him a liar and murdered him in cold blood."

A distinguished-looking merchant from another city consulted me some years ago, who had a very characteristic variety of neurasthenia. His chief complaint was dual (most neurasthenics have a dozen or more symptoms): For eighteen years he had had a persistent pain in his eyes, which he described as coming from the back of his head, piercing the eyeball from behind. It had been so severe and so persistent that he had given up all reading, all theatres, and all sports requiring the use of his eyes. I have four pages of notes describing the various fluctuations in intensity which he had observed in the pain under various circumstances.

His other symptom was that he could not get his wife to be interested in him. He deplored her stupidity, her failure to sympathize with his sufferings, her lack of interest in social and political affairs, and her general incompetence, but, above all, her refusal to give him as frequent sexual satisfaction as he desired. She cohabited with him out of a sense of duty, and it was followed every time by a renewed wave of mutual antagonism and discontent.

He had been to literally dozens of doctors, some of whom prescribed one thing and others another. Several had suggested that his illness was neurotic, and this particularly irritated him.

This case had a rather curious and illuminating outcome. I advised that he discontinue all sexual relations with his wife for a time, explaining that it was possible that these two symptoms which he believed to be entirely unrelated might, after all, have something to do with one another. I also prescribed some other treatment. Some months later I saw him again. He was delighted. He said that he felt better than he had for years. He was profuse in his expressions of appreciation. He paid a part of his bill.

I heard nothing from him for a time. The book-keeper sent him a statement for the balance of his account and an announcement of my change of address. Imagine our surprise at receiving in reply a letter of bitter denunciation. He wished me to know that he was not concerned with my change of address unless kind Providence would remove me from the community entirely. He was convinced that this would be a blessing to the State of Kansas. He had taken great pleasure in advertising over the state how deceptive and unscrupulous we had been, how members of my clinic had contradicted each other, and how much I had charged him for doing nothing at all; the sooner the institution went on the rocks, the better he would be pleased; and would I please refrain from speaking to him if I saw him on the street?

The moral of this case is "Hell hath no fury like a woman scorned," except a neurotic relieved of his one pet symptom. Samuel Johnson warned us to "Depend upon it that if a man talks of his misfortunes there is something in them that is not disagreeable to him; for where there is nothing but pure misery there never is any recourse to the mention of it!"

iii. HYSTERIA

(Physical symptoms, usually visible, and usually without complaint by the patient)

Hysterical fits and varia

When Annabelle Atkinson was fifteen years old she was a senior in high school and everyone was very proud of her. One day she developed a pain in her side. The doctors thought it might be appendicitis, so they took her to a surgeon, who thought he would observe her for a while before operating. Then the pain disappeared.

A few weeks later it came back. This time a lot of other symptoms came with it. She had what her family called "the shakers"; she began to jump and jerk as she lay on the bed until it appeared that unless held she would throw herself clear off of it on to the floor. The doctors thought this must be St. Vitus's dance.

She had a dozen or more of these attacks of shaking and leaping; then they disappeared. Instead of them came waves of uncontrolled crying and laughing. She would laugh for thirty minutes at a time and cry for twice as long. Then she became so stiff all over that she couldn't move, and the doctors suspected rheumatic fever.

She was hauled about from one hospital to another in search of a diagnosis. Some of the doctors told her parents that the trouble was nervous (by which they meant hysterical), but the parents couldn't believe it.

More and more symptoms kept developing. She couldn't bear to have certain people look at her. Once she had a sudden fit of excitement and threw a chair at her mother because her mother happened to look in her direction. For several weeks she refused to speak to anyone. Then for a week she talked constantly without stopping. Suddenly all of these symptoms disappeared and her only complaint was a pain in her stomach.

Finally this symptom also disappeared and she was left perfectly (?) well.

What did these symptoms represent? I don't know. We can only guess. The whole thing was probably a crude dramatization of the Elektra complex. (See Chapter IV.)

Hysterical lameness:

A doctor referred a pretty little nine-year-old girl to us, saying that there was a dispute over the case among the doctors. The girl had developed a limp in one leg and it appeared to be hip-trouble. Along with it she had become pale and lost weight. She complained of pain in the hip, and X-rays suggested some changes in the bony structure. It looked very much as if she might have tuberculosis of the hip-joint. For this reason some of the doctors advocated a plaster cast.

Certain things about the case, however, gave some of the doctors another notion about it. For example, the child complained of a variety of pains, and sometimes when touched ever so gently by her mother she would scream out of all proportion to the justification. She would have limp spells in which she would drop into her mother's arms and lie motionless. At other times she would grow bitter towards her mother, make faces at her, and even throw things at her.

The mother was sure the child had tuberculosis of the hip, as some of the doctors had suggested. This we assured her was not true. A week after the child had been placed under treatment the leg was perfectly well!

Limitation of space prevents detailing the methods of treatment except that the child's confidence was secured and she was encouraged to ask questions. One of the first things she wanted to know was the meaning of the word "whore." This led to the uncovering of the fact that the father and mother had staged any number of dramatic fights in front of all the children, and that upon several occasions the father had referred to the mother as a whore in front of the children and then tried to explain to the children something of what that meant. He told them that their mother wore her dresses too short, that she wanted to show her legs off in public, that women who wanted to show their legs to other men were called whores. Hence the child's concern over legs.

Hysterical somnambulism:

One of the most interesting examples of hysteria I ever saw occurred in a successful insurance man of thirty. He was the youngest of ten living children. The other nine had all gone off and left him to take care of his parents. His parents had done well by him and he took good care of them; everything was very satisfactory.

He decided to have a family reunion on his parents' golden wedding anniversary. He corresponded with all the brothers and sisters, and as a result of his energy and persistence a week's celebration was arranged and the children came from all over the United States, bringing with them their wives and families. Everyone enjoyed himself immensely, and particularly our entrepreneurial patient.

Shortly after the big party, however, he began to be a little upset. There were no particular complaints but he just didn't feel like going to work. Then to the consternation of his parents and his wife he began to walk and talk in his sleep. Shortly after he went to bed he would get up, sometimes dressing himself, but usually not, and spend the rest of the night walking or sitting in his room talking and singing exactly as if he were wide awake, and as if there were someone there to talk to. He kept this up for several weeks. When questioned about it the following morning, he always denied it vigorously, denied even its possibility, saying that he had slept well and felt fine.

The relatives observed him carefully during these nightly demonstrations. They discovered that his entire conversation dealt with persons and affairs of his childhood. Apparently he was reliving the days when his parents had to care for him instead of him caring for them. And apparently this regression to childhood had been provoked by the unconscious feelings of jealousy incident to the return of his older brothers and sisters, which had for the time being removed him from the centre of his parents' interest.

Hysterical paralysis (Industrial shell-shock)

Hysteria is frequently the explanation of certain incapacitating injuries received by soldiers, workmen, and others in their line of duty, and in regard to which serious legal fights often occur. This can best be illustrated by the following case of a common labourer, forty years old, whom I examined at the request of the attorneys on both sides of the case.

This man had attempted to throw an electric switch which was reputed to carry several thousand volts. In some way or other (elaborate details of all possibilities and particulars were secured, but will be omitted) he believed that he received a shock such that the electricity went through his left hand and left leg. He was thrown to the ground severely.

He got up, however, walked about half a mile, got into a friend's car, and was taken home. He felt weak and sick at his stomach and had a pain in his back. All at once he discovered he could not use his left leg. He had a rapid pulse, pains in various parts of his body, and loss of sensation on the left side.

For two months he was absolutely bedfast, unable to empty his bladder unassisted, and completely paralysed in his leg and thigh. During the next six or eight months he was able to get up and about with the aid of crutches and later wore an expensive and elaborate brace. He bought electrical treatment machinery and had all sorts of massage and chiropractic manipulations.

At the time I saw him he had been paralysed, as he called it, for over a year. He was very anxious for an examination which would tell him how to get well. He had been out of work since the accident, and the allowance made by the company was not large enough to keep his family in comfort. He was a very discouraged and depressed man. His theory was that the electricity had gone through his leg and destroyed a nerve, causing it to be paralysed; and since it had occurred in the line of duty, he was entitled to compensation. He was asking fifty thousand dollars.

Now this is a fairly typical case of industrial shell-shock or hysteria. It looked like an obvious, serious, pitiable injury to the leg. But let's see. In the first place, the electrical current in the switch which he was handling was not nearly so strong as he had supposed it to be. In the second place, even if it had been, it is almost impossible to conceive of any way in which he could have received a shock from it.

Waiving these points entirely, in the third place electricity never paralyzes nerves; it may burn the flesh but it never hurts the nerves! Electricity could not possibly have injured the nerves in his leg.

In the fourth place, had the nerves of this man's legs been injured in the way he believed them to have been injured, it would have produced what we call flaccid paralysis, in which the entire limb lies inert and flail-like, and all the tendon reflexes are absent. But this man's leg was not limp and the reflexes were not absent.

Fifth, sensation and motion are carried by two different sets of nerves and they could not be combined in the way in which his complaints combined them. Exactly why this is so is rather too technical to make clear here, but take my word for it.

In the sixth place, the paralysis of the kind this man believed himself to have—that is, one caused by nerve injury—is always accompanied by more or less shrinking of the muscles, but careful measurement showed him to have no such shrinking.

In other words, medical examination showed that this man could not possibly have any nerve injury, and that his leg was not paralysed as he supposed. On the other hand, however, it would be inaccurate to say that the man's symptoms were assumed. His pain and his paralysis and his disability were very real to him. Thirty years ago hysteria was regarded as a mixture of affectation, exaggeration, and deceit, but no intelligent physician believes this any more. We know now that the hysterical patient is fooling himself just as much as he is fooling anyone else; in fact, he fools himself first and last and fools the rest of us in between times. He isn't faking consciously; he is faking unconsciously.

In the example just cited we have a man never very successful, probably never very well satisfied with his occupation or his opportunities, who is suddenly very sharply frightened. In the twinkling of an eye he believes himself to have been shocked by an enormously powerful current. (Everyone knows the news story which is repeatedly turning up about the man or woman who is startled by the report of a revolver at close range and goes to the hospital for treatment, only to discover that he has no wound.) Believing this, conjuring up in his mind all the terrible possibilities he believes this may have, he promptly develops the anticipated symptoms, which have the very useful advantage of being at the same time a means of escape from arduous labour and an easier method of obtaining money.

I don't see how any industrial insurance company can handle its cases without psychiatric examination of nearly every applicant. Rarely are neurotic elements entirely absent. In this case instead of fifty thousand dollars the man was paid three thousand five hundred dollars. A few months afterwards he was reported to be perfectly well.

We may not conclude from this, however, that money is the chief object of hysterical illness. It never is. It is a secondary objective. Consider such a typical case as this, for example (*hysterical blindness*):

"Helen D., a charming, curly headed girl of 14, was the only daughter in a rather large family of boys. On her shoulders fell the drudgery of housework. She resented doing the dishes and the cleaning, and came home every day from school unwillingly to perform her tasks. One day she was scolded by her mother; she replied sharply, and received a stinging smack across the face. Immediately she became blind."[52]

Epidemics of Hysteria

The symptoms of hysteria are particularly susceptible of being evoked or dispelled by suggestion. For this reason epidemics of hysterical attacks occasionally spread through closely knit groups such as the army, where shell-shock cases sometimes occurred in showers. I once saw fourteen telephone girls who developed hysterical aphonia (speechlessnessness) in rapid succession. The following quite typical account by a famous medical historian was written a hundred years ago:

"At a cotton manufactory at Hodden Bridge, in Lancashire, a girl, on the fifteenth of February, 1787, put a mouse into the bosom of another girl, who had a great dread of mice. The girl was immediately thrown into a fit, and continued in it, with the most violent convulsions, for twenty-four hours. On the following day three more girls were seized in the same manner, and on the 17th six more. By this time the alarm was so great that the whole works, in which 200 or 300 were employed, was totally stopped, and an idea prevailed that a particular disease had been introduced by a bag of cotton opened in the house. On Sunday, the 18th, Dr. St. Clare was sent from Preston; before he arrived three more were seized, and during that night and the morning of the 19th, eleven more, making in all twenty-four. Of these, twenty-one were young women, two were girls of about ten years of age, and one man, who had been much fatigued with holding the girls [*sic!*]. Three of the number lived about two miles from the place where the disorder first broke out, and three at another factory at Clitheroe, about five miles distant, which last and two more were infected entirely from report, not having seen the other patients, but, like them and the rest of the country, strongly impressed with the idea of the plague being caught from the cotton. The symptoms were anxiety, strangulation, and very strong convulsions: and these were so violent as to last without any intermission from a quarter of an hour to twenty-four hours, and to require four to five persons to prevent the patients from tearing their hair and dashing their heads against the floor or walls. . . . As soon as the patients and the country were assured that the complaint was merely nervous, easily cured, and not introduced by the cotton, no fresh person was affected.

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[52] J. Fetterman in the *Journal of the American Medical Association*, Vol. XCI, no. 5 (August 4, 1928), p. 317.

"To dissipate their apprehensions still further, the best effects were obtained by causing them to take a cheerful glass and join in a dance. On Tuesday, the 20th, they danced, and the next day were all at work, except two or three, who were much weakened by their fits."[53]

IV. ALCOHOL AND DRUG ADDICTION

In the same way that certain unstable personalities whose sexual life is not well managed take refuge from the problems of life by a flight into illness, other individuals of the same make-up take refuge in a flight into alcohol or morphine. Alcohol and morphine are drugs which temporarily remove the individual from the immediate prospect of his problems. For a little while he has surcease from the struggle. Alcohol and morphine are self-administered anæsthetics. To these could be added many other things, such as nicotine, moving-picture shows, vacations, and wild parties.

The use of drugs, particularly morphine, is a peculiarly disadvantageous way of escaping reality. Unlike all the others (excepting alcohol in great excess) it leaves the person less able to face his problems than before. This necessitates increasingly frequent reverting to its use. This is what constitutes addiction.

Psychiatrists do not all feel that alcohol is an unmitigated curse, but they are unanimous in believing that morphine is the very ill wind that blows no one any good, speaking now of its use as a habit. The users of morphine, and many of those who think they know something about morphine addiction, are apt to think that the use of morphine is an end in itself. This is not so; it is always a means to an end; morphine is used to relieve pain. But if the pain comes from a broken leg, it will no longer be necessary when the leg is healed, whereas if it comes from a broken mind or, more accurately speaking, from a deformity in the development or expression of the instincts, morphine will always be necessary, because the pain will never cease. This is why most morphine addicts are incurable.

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[53] J. F. C. Hecker: *The Black Death and the Dancing Mania* (written in 1832); translated by B. G. Babington. Cassell National Library edition (New York, 1888), p. 174.

The public has many erroneous ideas about drug addiction. There are not nearly so many cases as is generally supposed, and the number is steadily decreasing. Very few criminals are drug addicts and relatively few drug addicts are criminals. They are not dangerous or loathsome, but they are monstrous liars.[54]

Alcohol presents a somewhat different problem. As to whether its moderate use is harmful or helpful, psychiatrists, like other people, differ. It is a very serviceable psychic anæsthetic, and this utility easily leads to its excessive use by individuals whose unconscious struggles are particularly painful. This, in turn, is apt to lead to a psychopathic state of addiction, which is a deplorable kind of failure, complicated secondarily by the damage that alcohol does to the tissues of the brain.

TREATMENT

Theoretically, all of the neuroses are completely curable. Practically, this is sometimes easy and sometimes impossible. Of this we shall have more to say in detail in the chapter on treatment.

Always it must be remembered that the neurotic patient is escaping conflict and expressing his wishes by his symptoms; that these symptoms represent the compromise necessarily arrived at as a result of terrific unconscious struggles helped along by certain minor external considerations, irritations, and precipitations. Fifty per cent of the people who go to doctors to be healed of their sicknesses are suffering from neuroses. Most of them can be helped, many of them cured. Many others would not under any circumstances dare to permit themselves to be cured. They live only by the grace of their symptoms.

7. THE ANTISOCIAL TYPE

Perverse Personalities

There is yet one more group. It has had many names—"psychopathic personality," "constitutional inferiority," "moral insanity," are some of them. None of them is adequate.

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[54] Cf., for example, A. Kossef (chief physician at Clinton Prison, New York), in *The Nation's Health*, January 1925 (VII, no. 1).

"Perverse" describes these folk better than any other single word. They are headed across-stream; they play at the game, but break all the rules. They are oftentimes possessed of good bodies, good looks, good manners; they lack neither intelligence nor perceptual powers. Their defectiveness is in their emotional and volitional functioning. They cannot keep out of trouble. They may achieve some good in the world, but the world pays dearly for it, and the net total of the individual's life is in the red. But it is the environment, and not they, that suffers.

There are many varieties, all easily recognized as belonging to this group—ne'er-do-wells, morphine addicts, habitual criminals, "hard-boiled" men, and a large number of weaker stamp. Of course they may be, on the surface, actors, musicians, poets, politicians; but an analysis of their lives will indicate a persistent perversity of an antisocial type.

Because they do not lack intelligence—and hence are not feeble-minded in the ordinary sense—nor yet exhibit delusions or hallucinations or other of the recognized evidences of "insanity," they are eternal puzzles to the administrations of courts, clinics, and institutions. In some states, such as Kansas, they are committable to state hospitals for detention, but they usually escape. The public is totally unsympathetic with them. It regards them as "ornery" and evil-hearted, yet capable of being purged by punishment. Unfortunately this has not been proved true by experience.

Much of the argument as to the disposal of criminals and the "coddling" of them pertains to these individuals. Recall Leopold, for example; Harry Thaw for another; Jesse James for a third; François Villon, a fourth. Some day society will provide for a large-scale colonization and detention of these individuals and save itself much grief. For the present they are the lice of civilization.

EXAMPLES

With the utmost suavity and grace Mr. Hall stepped into the office and seated himself. He had an attitude of respectful attention, without self-consciousness or misgivings. He apparently felt not the slightest embarrassment at the fact that he was confined in a sanitarium and was suspected of having serious mental disease. His rather handsome face was constantly illumined by bright alertness, almost a smile, which gave him an air of agreeable self-confident naïveté.

He wore a new green velvet smoking-jacket, which was matched with a grey-green tie, green cuff-buttons, and green socks. His dress was in the best of taste. It was quite characteristic of him that, as it later developed, he had borrowed the coat from one patient and the cuff-links and tie from still another.

With no prompting at all he launched forth into a circumstantial account of his past life. One episode followed another; his relation to each of them was wholly understandable, justifiable, logical, and proper. One job was exchanged for another, always for some perfectly valid reason. There were better wages to be secured, or business conditions were such that he thought it wiser to make a change, or a brighter future appeared, or a temporary lay-off occurred, or the rule of seniority became effective in such a way that. . . . He quit the railroad to work for the cement company; he quit the cement company to work for a restaurant; he quit the restaurant to work for a lumber company. The net impression was that he was a very valuable, hard-working, but thwarted soldier of fortune who had narrowly escaped success for one reason or another beyond his control. The cruel interference of fate, circumstances, economic laws, the perversities of a wife, etc., always interposed.

Such trouble as he regarded himself as having at the moment he dated from the discovery four years ago that his wife was unfaithful to him. He came upon men in the house who he felt could not be but deceiving him with her. (It was a matter of common knowledge to the relatives that he had been deceived by many men long before this, and also that for his own part he had done plenty of deceiving of the same sort.) So he "made" his wife get a divorce; then he "permitted" his parents to take the child, and he "allowed" his former wife to have ten dollars a month.

It was not long before he met another girl whom he was sure he loved enough to marry. She seemed a remarkable woman, and the very one for him. Once more he started out with great expectations and fine promises.

Times were hard, however, and so after a few flounders he tried living on one of his father's farms; but his wife was used to city life, you know, and nice things, and she had an unfortunate propensity for extravagance, a tendency to buy more things than they had ready cash to pay for. This necessitated a number of inexpedient moves and unwise measures, such as forging a cheque or two and extending his credit beyond its limits. "My credit has been fair, you know, and I like to keep it good. I think one should always try to keep one's credit good." Keeping his credit good was difficult, however, in view of his desire to indulge his wife in her little foibles of extravagance.

"It is singular, isn't it, doctor, so human of her, so natural, so to speak, and yet so troublesome. I'll admit I've been improvident at times, but I have seen the error of my ways and I see now that I shouldn't have overlooked things as I did; I should have checked her up; I shouldn't have let her get us into such difficulties. Times have been hard, you know, and to oblige a friend I carried on his work as a teamster for a time, and when I returned I found employment with the railroad, but of course the railroad has its ups and downs like the rest of us. Consequently I have been on the side-lines for a little while, but things are going to pick up very shortly, I am sure.

"Of course in the mean time my wife had got a little dissatisfied with things and she has gone away. I guess it is good-bye, I don't know; I rather think that she expects us to get together again as soon as things pick up a bit.

"You see I have been having these very disagreeable nervous spells, and Father thought it would be a good thing if I could have the advantage of scientific treatment of this type. I am sure, doctor, that it has done me a world of good already; I know it's just the thing for me; I feel like a new man; I think I could go right out and take anything that comes along. I think it is only a matter of time until my wife and I get together and everything is going to be all right again.

"I have been indiscreet; I know I have. I think it is chiefly these terrible nervous spells. I have played around with too many women, but, great Scott, what is a man to do? Isn't it the most natural thing in the world?—an inhospitable wife, a little financial stress; you know you are away from home—lonesome. You know the rest, doctor. Yes, doctor, no doubt I've been indiscreet.

"Now, my future plans are a little indefinite. I had in mind going immediately to Oklahoma City and getting work there with a railroad, or possibly taking a position with the oil company over at Tulsa. All this, of course, may be changed. My father may have something better to suggest. I've been expecting my father up soon; we shall have a talk about the matter and we may come to some definite conclusions."

Now compare these letters:

(To his wife)

Sunday afternoon, February 26, 1928

My Dearest One:

A few lines this morning. Am feeling fair this morning and hope you are all well and happy. I like this place quite well, only it's too awful lonesome. I get another exam. in the morning. I guess they will find something else. They say my system is run down condition, and my teeth will have to be cared for. They have a dentist here to so my teeth had better look scattering, Ha.

How is my Darling Babie Girl this morning. Have her make a face for daddie. There is about 12 young men on this floor Doctoring for their nerves. This is a nerve specialist. These Doctors are mity nice. But they are awful strict here. But I think they will get me straighten out o. k. I sure hope so. Don't you hon. I sure wish I could be with you. One of these boys across the hall from me, wife is coming to see him this eve. I sure wish it was you coming to see your daddie don't you hon?

It sure looks pretty outside this morning but we have to stay in. Isn't that bad luck? But if they can cure my nervesness I will sure be happy.

Well Dear I will write again tomorrow so don't worry. I'll be able to be with you before so awful long. I love you and wont let you forget me. So please write to me often cause I want to here from you please.

With oceans of love with a Kiss on every wave.

Your Daddie Bill

(To one of his sweethearts)

Topeka, Kansas, February 26, 1928

My Dearest: Just a few lines to let you know I was still among the living and hadn't forgot my sweet mama. I had to leave on awful short notice. Will tell you all about it when I see you. I will be here for awhile not verry long. A couple wks. then I'll be back to my mama. If she will let me. What do you say, eh? With oceans of love and a Kiss on every wave.

Your loving Daddie Bill. XXXXXX

It is noticeable that his oral style is considerably better than that used in his letters. Writing is more difficult than speaking for most people and deflates some of the show-off, particularly in *poseurs*, such as Hall. Little would one imagine, from such an interview and such letters, that this chap had married and deserted several women, had forged numerous cheques, had pawned his clothes repeatedly to get money for a ticket to another town, and had failed at innumerable jobs after a few weeks' trial. As a boy in school he was an average student, "a nice, quiet boy with no bad habits, whom everyone liked and no one thought peculiar."

Another case:

Harold was an intensely religious boy, carefully reared by a minister father and a pious mother. He was inspired to be a missionary and was already almost a pillar of the church. But in spite of his religious training, Harold stole everything he could get his hands on. He was seldom suspected, for he seemed anything but a thief, and it was difficult to believe that the president of the Christian Endeavour society would take money from the collection box and steal mufflers and gloves and purses from the pockets of the worshipping brethren.

As a leader of his Sunday-school class, he attended every meeting and every party. But always he came away with some piece of jewellery or with money taken from his class-mates. At college he stole athletic equipment from the gymnasium. He picked up books other students left around. Even at college Y.M.C.A. meetings which he attended, things were missed.

The president of the college became interested in him and invited him to his home. During the evening Harold was caught stealing money from a drawer. He insisted he had never stolen before. His show of regret over the matter was obviously superficial, however, and he acted as if nothing serious had happened.

Under pressure, he admitted many other thefts, but did not seem sorry for them. He said he did not know why he stole; it just seemed easy and he did it. He had been stealing for a long time. His mother declared that Harold came from a family in which there had been many pilferers and thieves. His grandfather and great-grandfather, his uncles, and several cousins had all been habitual stealers.

Three years after he was dismissed from college he was occupying a church pulpit.

Still another:

Hugh Westerfield was a thin, frail lad who, when buried beneath his enormous winter overcoat, might weigh as much as one hundred and twenty-five pounds. He had restless, roving eyes that burned in a pale, pasty face. His hands were thin and claw-like. He was almost never still—pacing the floor, looking furtively about, or leaving on one nameless errand or another. His one pleasure at the time I first met him was dashing about in his car from place to place without any objective.

Yet when he sat down to talk, he was able to summon up a composure and poise in marked contrast to his previous restlessness. He told his tale in a tense, restrained, somewhat hoarse voice, with every appearance of the utmost frankness and veracity.

When he was thirteen years old he had run away from home and gone to live on his uncle's ranch in Montana, seventy-five miles from a railroad. He was the pet and the mascot of the cowboys. He learned all their virtues and all their vices. "It was regular moving-picture cowboy stuff," he said. "My uncle and I have skinned out many a time when the fellows came in drunk, and started shooting up the town. I could shoot pretty well myself, but I didn't care to go into that. I could do the old trick of splitting a playing card at thirty paces when I was only fourteen, and I would beat that when I was fifteen.

"Then I know all the card games, and all the tricks, and all the marks on the packs. I'll tell you something that may save you some money some time. Listen for the click when you think the dealer is slipping you seconds. You can always hear them click if it's a new deck and they can't do it if it isn't a new deck. But you can watch for a bent back and put money on the third card. It's usually that way. I used to know all that stuff. I've pulled out of a good many tight pinches that way.

"Of course I've gotten into some tight pinches of another sort, that way, too. Being little and all, I probably got less than my share. But I never went out of my way to avoid them. I generally gave 'em back just as hard as I got —that is, till I went unconscious. I never was licked till I drew a blank, and I know how to place my blows, believe me. I had to.

"When I was fifteen a pretty bad thing happened. I've never said much about it. You'll see why, but I guess I might as well tell you. I'll feel better to get it off my mind. It was over six years ago, you see. There was a bunch of us and we'd been hanging around the town one evening late. I had a little bunch of money on me and offered to set the fellows up. The town marshal came swaggering up and said: 'Who in hell are *you?*' We sassed him and he slugged me in the face with a blackjack. Before I could peep he slugged me again, and I said: 'Big boy, I'm going to get you for that,' and we all ran. But a little later we got together again and he saw us coming and pulled out his gun and so did I. I got a hole through my pants leg, but nobody ever knew it. He had four holes in his chest and he never knew it. I went to see his widow and told her I was awfully sorry. She said she wasn't; she was glad I done it. I was too fussed to ask her why. But I gave her seven hundred dollars I had on me. I thought she ought to have it for her kids. They were almost as big as me, though. I had a trial, but I was acquitted on self-defence. The judge got a lawyer for me.

"Well, you'd think that would have sobered me down. I wasn't very wild, but I just wouldn't take anybody's bluff. Nobody ever outhit me or outshot me. But that notch on my gun does worry me. I wish to hell it wasn't there.

"Of course I had a lot of grief after that. I tried to go to school and couldn't get in anywhere. Then I went out with a bunch of fellows that had the best kind of recommendations. We were supposed to be getting ourselves a job and pooling the profits. The next thing I knew, we were making one-dollar bills into five-dollar bills. I'll tell you how it's done. First you go to the federal reserve bank and get the federal reserve one-dollar notes. No other kind is any good. Then you . . .

"We got a stiff sentence for it, or I mean would have, but they let us off because we were young. I've had enough of sittin' in jail. All the dirt I didn't know before I went there, I know now. I didn't think there was any, but there was.

"Now here I am. Folks think I am nervous. It's not much wonder, is it, with all I have been through. I'm going right out of here and look the world in the eye and crack her right on the bean.

"There's one thing I've never done. I've never roughed up any woman. I've got a girl. She's a peach, too. I never drink when I'm with her. We go to parties—nice parties—about once a week, and I show her a good time. It's funny, I've been with all the tough men in the world and I've never given a damn for tough women."

Physical examination showed this lad to be of the type known as eunuchoid (that is, a man of under-developed testicles and corresponding under-developed masculine characteristics), for which his tremendous bluffing and its offensive social consequences may have been a compensatory effort.

The Female of the Species

Believe it or not, I once had as a patient, the daughter of a New York millionaire. She had been given everything that money could buy, without, however, effecting the happy adjustment to life which her family desired for her. From the cradle up she was a trial and a grief to her parents.

"She was not like other children, doctor," her quiet-mannered, seamy-faced old father told me. "She was born wrong. She has always wanted her own way in everything, and her way was the way of trouble and rebellion. Remonstrance, severity, threats, pleadings, punishments—they were all ineffectual. I've tried everything I know of or heard of or was advised, and all methods failed. I've taken her to schools and clinics and doctors all over the country. I've been through a thousand sessions of tears and remorse and forgiveness and promises. The outcome is always the same. She put her mother in the grave, and she has broken my heart. But one last time before I die, I'd like to make an effort to get her headed straight."

Now let us look at the girl of whom this father has such a despairing opinion. When I first saw her, she was twenty-four years old; she had a beautiful face, a shapely body; she was adorned with expensive but tastefully selected clothes. She moved with a cultivated grace and would have attracted attention anywhere because of her beauty and poise.

Only her voice would have attracted attention as out of harmony with an otherwise charming personality. It was a little hoarse, a little strident, a little tired. I might have overlooked this but for the words with which she greeted me. "So you're the doc that's going to look me over, are you?" she sneered. "Well, why doesn't the God-damned old coot have himself examined? He's the one that needs it." I could scarcely believe that she referred to the quiet, grey-haired gentleman to whom I had just been talking, but I came to realize that this was a very mild sample.

For swearing was certainly among the least of her vices. Every item on the catalogue of social sin could be charted upon her ledger. Experiences, any one of which might well form the central tragic catastrophe of a novel, had occurred in her life by the dozen. Adventurous marriages, rapid divorces, abortions, rapes, drunken debauches, scandals in high places, venereal infection, acid-throwing, detective-evading, escapades with members of the underworld—these and many other experiences made up her life story. For a long period of time she had consumed daily from one to two pints of gin and whisky, and at times this amount had been trebled.

I knew all of this about her and knew it to be undoubtedly true; what others did not tell me she told me herself. Yet knowing it, and knowing it without any question of a doubt, I could scarcely persuade myself, as I looked at this beautiful girl sitting quietly beside her austere old father, that it could possibly be true.

(Newspaper clipping)

"For thirty-two years Frances Korn masqueraded as a man. Fifteen years ago she married another woman in a strange alliance for companionship only.

They lived here as husband and wife and some time afterward adopted a baby boy.

"Then the 'wife' died five years ago, leaving a heartbroken 'husband' whose sole interest in life seemed centered in the small son.

"As a small child Frances expressed the childish wish to 'be a boy.' The desire grew and grew until it became an obsession, and at the age of sixteen it became a fact, so far as the world knew, for Frances put on man's clothing, never to wear any other.

"'I want to marry her for the sake of company,' Frances told her grandmother, and the marriage took place with the grandmother's knowledge.

"'Annie was happy, too,' said the aged woman recently.

"That's all—except Frances J. Korn, under the man's name, was considered a good mechanic at her place of employment, the Pacific Gear Company."[55]

"A grizzled old man of 71 walked slowly down the steps of Charlestown (Mass.) State Prison, looking neither right nor left at staring crowds. He wore a grey baggy suit, a flannel shirt, a soft cap, carried a small paper package. His face was set in hard, unhappy lines. He spoke to no one, as he climbed into a Ford sedan, cringed down in its back seat. The car carried him out of the prison yard for the first time in 43 years.

"Thus last week did Jesse Harding Pomeroy, long ago killer of little children, get his first view of a modern world. He was being transferred to the State Farm at Bridgewater. Fifty-three continuous years in jail, 41 of them in solitary confinement, Convict Pomeroy has served a longer life term than any other living U. S. prisoner. . . .

"A South Boston butcher's son, Jesse Pomeroy began a life of brief but terrible crime at 13, when he was sent to a reform school for torturing little children. Upon his release a little boy was cruelly murdered, then a little girl. On April 22, 1874 Horace Miller, 10, was found dead in an unspeakable condition. Pomeroy, then 15, was arrested, tried, sentenced to be hanged. The whole East seethed with outrage against his sadism. After many a delay Governor Rice, because of his youth, commuted his sentence to life imprisonment. On Sept. 7, 1876 Pomeroy entered Charlestown Prison to pay a penalty not yet finished. A violent prisoner, always attempting escape, he was moved to Concord in 1880 in chains and handcuffs, was returned to Charlestown in 1886."[56]

[55] Denver *Post*, September 19, 1928.

[56] *Time*, August 12, 1929, p. 12.

"If you care for romantics in bandits, Russell Scott is your man An actor at twenty, he was a millionaire at thirty and head of a $20,000,000 corporation organized to construct a bridge from Windsor, Canada, to Detroit. A year later, Russell Scott was a cheap hold-up man robbing drug stores in Chicago's Loop. The bridge venture had bankrupted him and in the months after the crash Scott and his brother Robert coasted precipitately into crime. Russell had been successively a confidence man, a bootlegger and a drug peddler. Convicted of murdering a clerk during a small robbery and sentenced to death, Scott three times won a reprieve—twice on questions of his sanity. Funds were raised by clubwomen for his defense; all the syrupy tenderness that envelopes a good looking murderer was in evidence. And Scott was good looking. . . . Six months after his admission [to the state hospital for the insane], alienists at the institution announced that Scott had duped the State and had never been other than sane. It was two years before Scott went to his death, and even then he cheated the law's vengeance. He hanged himself with a leather gift belt in his prison cell."[57]

WANDERLUST TYPE OF PERVERSE PERSONALITY

Tramps, hoboes, vagabonds, gypsies, itinerants, ne'er-do-wells—these are usually members of this group, seeking to avoid the realities of life by perpetual flight, and usually leaving society worse off for their occasional contacts with it.

I shall smell lilac in Connecticut
No doubt, before I die, and see the clean
White, reticent, small churches of my youth,
The gardens full of phlox and mignonette,
The pasture-bars I broke to run away.

It was my thought to lie in an uncropped
And savage field no plough had ever scored,
Between a bee-tree and a cast deer-horn.
It was my thought to lie beside a stream
Too secret for the very deer to find,
Too solitary for remembrance.
It was a dream. It does not matter now.

Bury me where the soldiers of retreat
Are buried, underneath the faded star,
Bury me where the courtiers of escape
Fall down, confronted with their earth again.

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[57] Milton MacKaye in the *Outlook and Independent,* February 6, 1929, p. 205.

Bury me where the fences hold the land
And the sun sinks beyond the pasture-bars
Never to fall upon the wilderness-stone.

And yet I have escaped, in spite of all.

—Stephen Vincent Benet: *John Brown's Body* (Doubleday, Doran and Company, Inc., 1928), p. 341.

SUCCESSFUL EXCEPTIONS

Some perverse personalities appear to have achieved a kind of success notwithstanding their antisocial peculiarities. Some of the following were probably perverse personalities:

Gebhard von Blücher, the famous Prussian field-marshal, when a boy, was constantly engaged in adventures and duels, and failed of early promotion in the Prussian Army because of his wild life.

Andrew Jackson, at the age of fifteen, dissipated in gambling, races, drinking and cock-fighting.

Wallenstein, the famous Austrian general, was always a leader in pranks during his school and university days, was called unmanageable and rowdy, and was put in jail for damaging property.

Ben Jonson killed another actor in a duel and went to prison for it.

Richard Wagner, from his earliest years, was fond of pranks and adventures. At the age of sixteen he threw himself into all kinds of youthful excesses.

Voltaire began at the age of seventeen to drink deeply of the gay life. His father sent him away for a time, but when he returned to Paris he dissipated even more than before.

The perverse personality may have the redeeming grace of a talent or many talents. Such personalities are sometimes (wrongly) called geniuses. They occasionally accomplish great things, but always at great cost, and meantime vast armies of them fill jails, poor-houses, and freight cars.

SUMMARY OF CHAPTER II

These are seven types of personality that frequently fail.

More frequently, of course, they don't fail. Failure may threaten, may impend; or it may never be more than a remote possibility. None of these personality types are *bound* to fail. Some of them, in fact, make glorious successes. I have suggested some of the famous successes under each type-heading.

And those that seem about to fail do not always do so. There are always the constructive compromises discussed at the opening of the chapter. This includes those who capitalize their weaknesses, who turn their flight into propitious directions, who divert their attack from society to the enemies of society.

Albuquerque, New Mexico, is full of doctors who have saved themselves from death by tuberculosis through healing others of it. *Crippled* personalities magnificently redeemed.

I know a most typical *stupid* personality who has spent his life organizing schools for certain neglected classes of society; thousands love him, and the world honours him.

The chairman of the most successful social committee I ever knew of is an *isolated* personality—ashamed of his lowly origin and fearful lest a slip may betray the fact that he was not to the manner born.

There are *schizoid* personalities running banks and writing books and discovering bacteria and painting pictures, for whom these things are life. They know there are other people in the world, but they don't know them. They can't. But they can run banks and write books and discover bacteria and paint pictures. And they do.

And as for the *moody* people—they are the salt of the earth, even when they are failing. They are the great cheerers-up, the amiable and compassionate of the world—the merciful, and the merry, and the many-sided. They are the Great-hearts, be it in hospital or home or office or on the street. They are the cross-bearers and the ballyhooers, and everybody knows them and everybody loves them. No, they don't fail—usually.

And the *neurotics*—that's nearly all of us—all the rest of us, anyway. How neurotics convert their miseries into other things than groans and worries has already been set down. But they, too, succeed—by compromise and struggle. Sometimes they write books about their symptoms, like William Ellery Leonard and Emile Zola. Sometimes they write books about other people's symptoms, like James Joyce and Sherwood Anderson. Sometimes they write about the world's symptoms, like Oswald Garrison Villard and Eugene O'Neill. But always—even if his work is labelled fiction—the neurotic writes about himself. He is ourself, too; so we like it. It projects our own struggle. That helps.

And *perverse* personalities that make a go of it, some way? I have just cited a list of some, and the reader knows many more. "There's Bill Chilson, the old rascal—the pest of the town, a bully, a ne'er-do-well, a social outcast in spite of his money. Look at him! A hero, now, dead in France, with monuments all over the country to his valour, and flowers about his memory. He found his niche."

Of course we can't always provide wars for the Chilsons, but there are always battles. And sometimes they'll fight!

But in spite of all this, we come back to the cold fact that many *do* fail. They may fail, as we have said, by a flight which damages themselves—or by an attack which damages society. Some personalities can't "make" certain situations, and, failing even at a compromise, they become broken or breakers.

The broken personalities are the "neuroses" and the "psychoses" and the "nervous break-downs" and the "physical break-downs"—in short, the illnesses. They are illnesses, but they don't always turn up in the doctors' offices. To be sure, it is the family physician who most frequently discovers the break-downs from physical disease. But most of the stupid people are first identified by the psychologists, if identified at all. And the lonely personalities, the isolation type, whose oddities are made, not inborn, are usually discovered by the public itself.

The queer (schizoid) and moody (cycloid) types are generally not discovered at all until the relatives or the police take them in hand. Then it is usually the psychiatrists who recognize them.

The neurotics may go almost anywhere—and everywhere!—to relieve their distresses. The osteopaths and chiropractors see millions of them; an intelligent and fortunate minority are rescued by the psychoanalysts.

And finally the great group of the perverse, those formerly labeled "psychopathic personalities," those that damage everyone and everything without much self-injury or suffering—these the policemen know the best, the police, judges, wardens, parole officers, county attorneys, and newspaper reporters. Not that they are all criminals, or that all criminals belong here—but a fourth to a half of all criminals are of this type.

The study of damaged environment is properly sociology; here one can learn the details of economic failures—poverty and other forms of resourcelessness; marital failures—the problems of unhappiness in marriage, divorce, separation, illegitimacy, etc.; legal entanglements—all about the "crime problem," delinquencies, penology, etc. But until psychiatry supplied the information gleaned from a study of broken personalities, the sociological data were meaningless. This explains why psychiatry has reanimated social work. No modern social agency, no court or public charity or institution for child-welfare work, thinks of getting along now without psychiatrists and psychiatric social workers (young women technically trained to assist psychiatrists, particularly in case-work contacts). And psychiatrists no longer think of evaluating individual cases without consideration of the social—that is, the sociological, the environmental—factors.

But for the purpose of this book we must leave sociology to the sociologists. What does the *psychiatrist* see? What happens to personalities broken in their efforts to adapt themselves to the environment? What do such wrecks look like?

As I have already tried to illustrate, *they look like the personality in which they occur.*

We used to think and say that there were certain *psychoses*—that is, mental diseases—which afflicted occasional unfortunates. These psychoses, these states of severe maladjustment, have been elaborately studied, described, catalogued. They have their names—some of them have a good many names. And they have been classified and reclassified. In Chapter V there is given one of the classifications that is useful from the standpoint of treatment.

Ten or fifteen years ago we thought we had discovered something very important. We thought we recognized in "normal people" (whoever they may be) personality types which faintly resembled some of our classical psychoses ("insanities"). Intensive study followed and some scientists even proved various physical measurements and proportions to be identical in the sane and in the sick paralleling certain psychic resemblances. The more we studied, the more we felt sure that there were personalities to match each one of our more definitely delimited mental-disease pictures.

But now we believe that it's just the other way! There are psychoses—that is, mental upsets—which carry to intolerable extremes the tendencies and traits of the various personalities.

At first this will seem to the reader an inconsequential restatement of the same proposition. And to him it may be. But in the history of psychiatry, from the standpoint of the philosophy of the thing, it is of immense importance. It signalizes the transfer of emphasis from the final stages of mental disaster to the study of the constituents of personality. It means that we no longer think that diseases malevolently attack and invade certain chance individuals, any more than do witches or devils. What we call the "disease" is the logical outgrowth of the particular personality in its efforts to solve a particular problem (or perhaps several problems). The disease, the psychosis, is a part of him, not an intruder or an invasion from without.

If this were a book for the doctors in mental hospitals, I should probably list here the various known forms of psychoses. I should probably drag in all my own polemics and sophistries in regard to certain delimitations and fine points in order to be accounted scholarly, because technical and obscure. But this isn't a book for psychiatrists. It's a book for people, just plain people, and it's about people's minds and not about their psychoses.

But since people's minds undergo these catastrophes from which we have learned these general principles, some study of their appearance under such circumstances properly belongs here. What are the manifestations of broken minds? What are the signs and symptoms?

Turn to the next chapter.

CHAPTER III

SYMPTOMS

Analytic section, dealing with the parts of the machine dismantled

I. STIMULUS AND RESPONSE
II. THE PARTS OF THE MACHINE
III. THE POSSIBILITIES OF VARIATION
  A. DEFICIENCIES
    Perceptual
      a. Types
      b. Compensation
      c. Over-compensation
    2. Intellectual
      a. Measurements and tests
      b. Special disabilities
      c. Defects of memory
      d. Defects of judgment
    3. Emotional
    4. Volitional
  B. EXCESSES
    1. Perceptual
    2. Intellectual
      a. Superior children
      b. Extraordinary memory
    3. Emotional
    4. Volitional
  C. DISTORTIONS
    1. Perceptual
      a. Illusions
      b. Hallucinations
      c. Disorientation

2. Intellectual
    a. Obsessions
    b. Memory distortions
    c. Dissociations
    d. Delusions
3. Emotional
    a. Schizothymic responses
    b. Phobias
    c. Anxiety
    d. Perversions
4. Volitional
    a. Tics and habits
    b. Compulsions
    c. Convulsions

"Many people are suffering from a mental disorder, who in the current estimate of their friends are considered only as eccentric, model, disagreeable, extreme, wicked, virtuous, emancipated, etc. . . .

"Is it possible that our intense devotion to a philanthropic cause may in some instances be a disorder, rather than an indication of a healthy moral superiority? Is it possible that suspicion of employers and accusations of social injustice may be a disorder, and not the expression of an enlightened and impersonal grasp of economic and social relations? Can raucous patriotism and so-called pacifism be scrutinized in the same way? Is anti-vivisectionism not altogether to be explained by a surplus of the milk of human kindness in those who level virulent and ill-founded accusations at men, working earnestly in the interests even of those who revile them? Is intense intellectual activity, in apparent devotion to the pursuit of abstract truth, sometimes the expression of a disorder, rather than the wholesome activity of a well-balanced personality? Can the blameless and model individual, following smugly in the parental footsteps, be the victim of a disorder consisting essentially in the repression of the most productive elements in the individual's nature? Can the emancipated and unconventional in-

dividual, who is expressing his personality to the amazement of his social circle, be the victim of illusion and be really in the throes of a mild mental disorder? Is it possible that many of our beliefs, attitudes, emotions, habits, standards, are not as valid as we have assumed them to be, but are of the same stuff of which mental disorder is made?"

—C. MACFIE CAMPBELL, M. D.: A PRESENT-DAY CONCEPTION OF MENTAL DISORDERS *(Cambridge, Harvard University Press, 1924), pp. 14–16*

SYMPTOMS

The "parts" of the mind are not discrete like parts of an automobile. They are more like the parts of the human body. There are no sharp divisions between perception and intellection, for example, any more than between wrist and forearm. But for practical purposes the delimitation is useful. It is particularly useful in studying the symptoms of disorder; we know well enough how very definitely a broken wrist differs from a broken forearm. And the same is true of the various parts of the mind and of the psychological processes.

All human activity can be reduced to what is called the S-R formula, where S (stimulus) stands for all the incoming forms of energy which are transformed by the body, and R (response) stands for the new forms of energy thus produced. This "response" is human behaviour, human life. How the human machine uses oxygen and sugar and fat and water in the direction of this response is the province of physiology. How it receives and acts upon light-waves, sound-waves, etc., to satisfy certain instinctive cravings is the province of psychology.

We are made aware of the world about us by sights and sounds and smells, *sensations* which our aerials catch and transmit to the brain like radio antennæ, over nerve-fibres very comparable to telephone wires. Each "wire" is an elongated cell called a neurone, the minute description of which may be found in any text-book on psychology. There are three kinds: in-coming or sensory nerves or receptors, connecting nerves or connectors, and out-going or motor nerves or effectors.

The brain is being bombarded constantly by millions of sensations coming in over the receptor nerves from inside the body and from the outside world. Some of these it disregards, perhaps most of them, so far as visible consequences indicate. But those sensations that are important enough to be recognized are called *perceptions*. The processes of receiving sensations and identifying or recognizing them constitute perception.

Some sensations are not perceived, but produce a response, muscular or glandular action, directly. These are called *reflexes*. The stimulus comes in the spinal cord and is immediately relayed to motor nerves, which carry the impulse to its destination, thus:

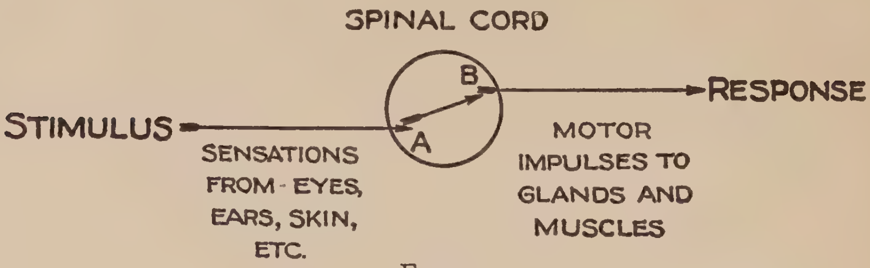

SPINAL CORD
B
A
STIMULUS
RESPONSE
SENSATIONS FROM - EYES, EARS, SKIN, ETC.
MOTOR IMPULSES TO GLANDS AND MUSCLES

FIG. 2

In the spinal cord there are numerous junction points (synapses) where other nerve-fibres make connexions. In order for a sensation to be *perceived*, a connexion must exist from the point of entrance in the spinal cord (at A) to the brain. Then in order for a motor response to result, out-going nerve-connexions must exist to carry impulses from the brain down the spinal cord and out (at B) to the muscles and glands, thus:

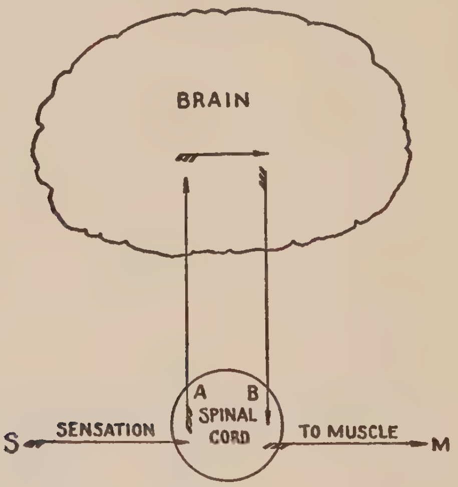

BRAIN
A
B
SPINAL CORD
S
SENSATION
TO MUSCLE
M

FIG. 3

Actually the interpolation of the brain between S (sensation) and M (motion) is much more complicated than here indicated. The sensation must be recognized by comparisons with stored memories to make perception possible.

Such a comparison may go no further than is sufficient for recognition. It may, however, include the forming of some new groupings of ideas (memories), and incidentally the new sensation itself must be recorded. This comparing and regrouping and registering process is called "thinking," or cognition, or *intellection*. You see how difficult it is to separate it from perception; actually no sharp separation can be made. This diagram looks complicated, but it is very simple compared with what actually goes on.

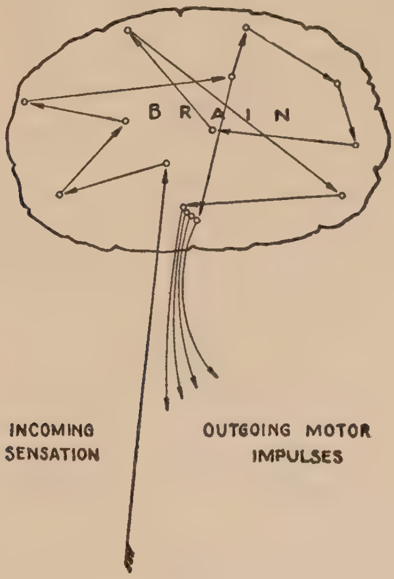


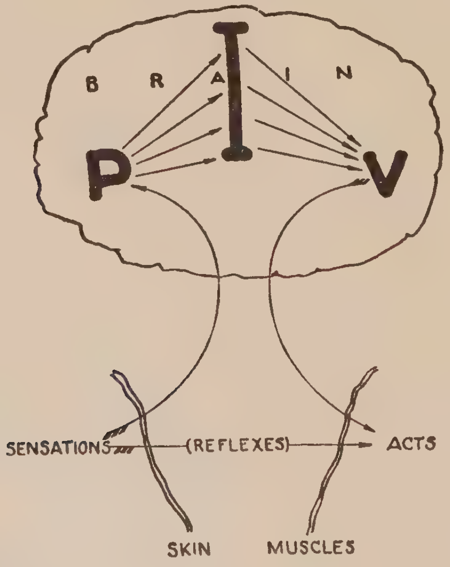
FIG. 4

Very little of what goes on is felt or known by the individual. That of which he is aware is called *consciousness;* it is a thin shell of fringe, perhaps as much in proportion as the skin of an apple is of the whole fruit. It is like the image which the eye sees of itself in the mirror, a small part of the whole optic apparatus.

But conscious and unconscious intellection, or thinking, both result in certain messages being sent to muscles, and also to glands, to increase or decrease their secretion. The messages sent are decided upon much as the forces that move a push-ball which is being shoved about by a mass of players; some are pulling and some opposing, and the resultant or summation of them all determines or resolves the final decision. We know how this feels when we are faced with several opportunities at once, or with a pleasure-versus-duty problem. Actually all decisions are problems, but we are usually not aware of them if the forces vary greatly in strength.

The resolving of the impulses into some sort of outgoing stimulus or stimuli, which are sent to muscles to produce motions, these motions to form acts, and these acts to make up behaviour—this resolving and bringing to a focus is what *will* or *volition* or *conation* really is. It usually follows certain set patterns called habits, and hence some psychologists say that will=habit, others still make will=wish, i.e., we do (hence will to do) what we wish to do, even though it may not appear to be so. But the wishing is a force far back of the resolving process—back in the instinctive enjergy-transforming urge which runs the whole machinery. We do what all the forces active in the case, including our own memories, prejudices, beliefs, ideals, habits, and weaknesses, make us do.—Will ought to be used to describe this integration and resolution of forces resulting directly in motor responses.

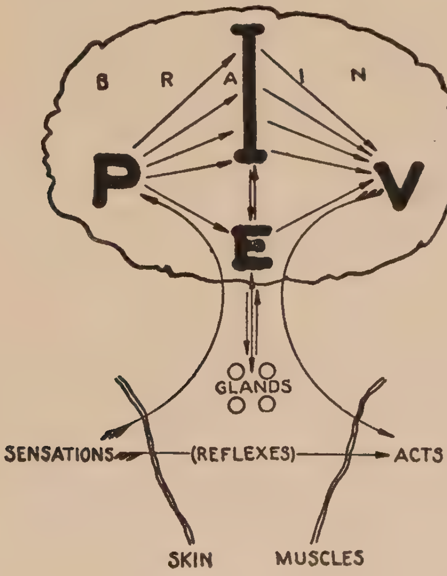
So far our diagram would appear thus:



P=PERCEPTION I=INTELLECTION V=VOLITION

FIG. 5

But there is another part of the cerebration. Linked to our memories, and hence to our perceivings and resolvings, there are certain secondary sensations and bodily changes called *emotions*. There is much disagreement among psychologists and psychiatrists as to just where emotional reactions belong in the scheme. We do know that they are dependent in some degree upon the endocrine glands of the body, so that for practical purposes they may be shown in our diagram as a connexion of the brain and the body, thus emphasizing again that the mind involves the function of the entire body and not merely the contents of the skull.

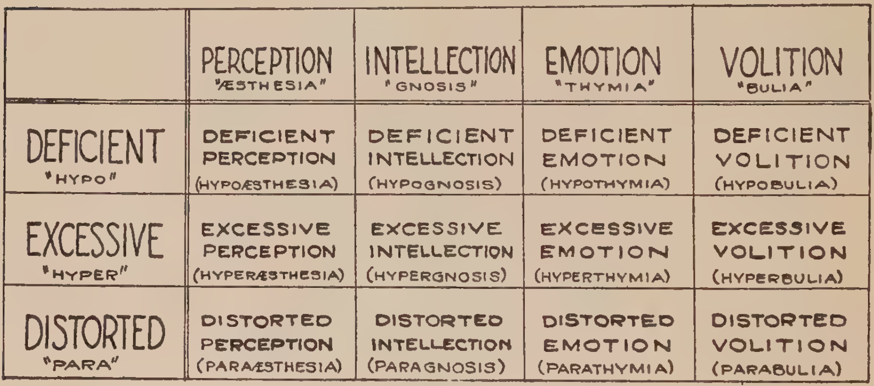


E = EMOTION

FIG. 6

So much for a review of the names of the main "parts." And what can happen to them? Wernicke, a brilliant psychologist-psychiatrist-philosopher, said that all misfunction could be classified as quantitative (that is, too much or too little) and qualitative (that is, of the wrong sort). Irrespective of its logical faults, this classification is convenient. It covers most of the known facts. Memory, to take for example a part of one of the parts, may be deficient (one may forget) or excessive (one may remember too much, too many details) or distorted (one may remember falsely).

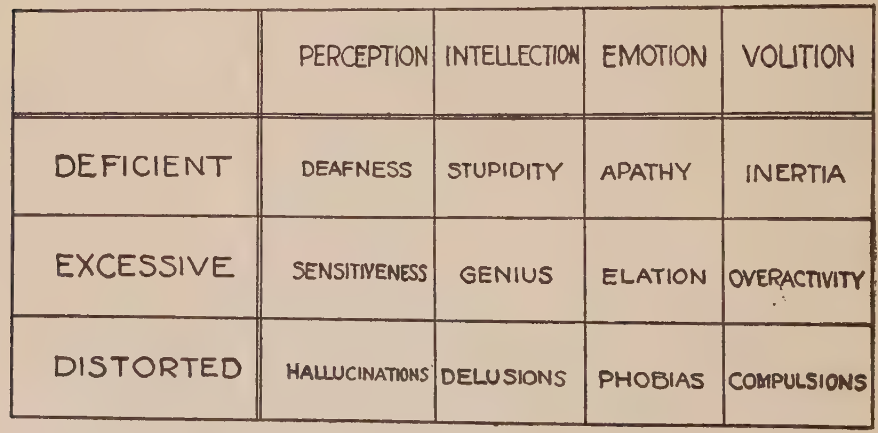
So it is easy to make a little gridiron like this, containing, by implication, almost all we know of the symptoms of abnormal psychology. The words in quotation marks are the synonymous Greek stem words; those in parentheses are the technical scientific vocabulary derivatives.



	PERCEPTION "ÆSTHESIA"	INTELLECTION "GNOSIS"	EMOTION "THYMIA"	VOLITION "BULIA"
DEFICIENT "HYPO"	DEFICIENT PERCEPTION (HYPOÆSTHESIA)	DEFICIENT INTELLECTION (HYPOGNOSIS)	DEFICIENT EMOTION (HYPOTHYMIA)	DEFICIENT VOLITION (HYPOBULIA)
EXCESSIVE "HYPER"	EXCESSIVE PERCEPTION (HYPERÆSTHESIA)	EXCESSIVE INTELLECTION (HYPERGNOSIS)	EXCESSIVE EMOTION (HYPERTHYMIA)	EXCESSIVE VOLITION (HYPERBULIA)
DISTORTED "PARA"	DISTORTED PERCEPTION (PARAÆSTHESIA)	DISTORTED INTELLECTION (PARAGNOSIS)	DISTORTED EMOTION (PARATHYMIA)	DISTORTED VOLITION (PARABULIA)

FIG. 7

Instead of these general concepts like "deficient perception," "deficient intellection," etc., let us substitute in each square, just as an illustration, one of the familiar symptoms belonging in that category.



	PERCEPTION	INTELLECTION	EMOTION	VOLITION
DEFICIENT	DEAFNESS	STUPIDITY	APATHY	INERTIA
EXCESSIVE	SENSITIVENESS	GENIUS	ELATION	OVERACTIVITY
DISTORTED	HALLUCINATIONS	DELUSIONS	PHOBIAS	COMPULSIONS

FIG. 8

Now we are going to study all the perceptual deficiencies, of which deafness is one example; all the intellectional distortions, of which delusions constitute an example; and so on through the list. In most books on the subject the author takes up first the perceptual disorders, then the intellectual disorders, then the emotional disorders, and finally the volitional disorders. I have found from teaching-experience that it is easiest for the student to grasp the idea if we follow this order, taking up first the *deficiencies*, then the *excesses*, and finally the *distortions*.

So we shall proceed now in order of the numerals in the following diagram:

	PERCEPTION	INTELLECTION	EMOTION	VOLITION
DEFICIENT	1	2	3	4
EXCESSIVE	5	6	7	8
DISTORTED	9	10	11	12

FIG. 9

DEFICIENCIES

Deficient perception (1)[1]

Anything that impairs the antennæ with which we keep in contact with the world will, of course, impair our ability to adjust ourselves to it. Radios with bad aerials, submarines with broken periscopes, and human beings with deficient perceptual machinery are in comparable states of disadvantage.

Hence diminished acuteness of vision, hearing, and all the rest of the senses constitutes real and important difficulties in the effecting of smooth life adjustments. These defects may be merely transitory. Physical illness, drowsiness, alcoholic intoxication, and other conditions may temporarily induce these limitations. But many individuals are permanently handicapped by one or several types of perceptual deficiency, particularly deafness. A survey of school-children in 1928 disclosed that there are over three million deafened children in this country. This means three million children whose mental functioning, whose adjustment to the demands of life, is definitely impaired at the outset by a limitation or crippling of the receiving apparatus.

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[1] This numeral refers to Figure 9.

Deficiencies in perception—deafness, for example—cause trouble in three ways. First of all, they cause the individual to lose entirely certain stimuli, certain signals, certain information. Secondly, they make necessary a considerable waste of energy in the effort voluntarily to overcome the handicap. Eye-strain, headaches, and ear-strain are familiar examples of this. And, finally, all such deficiencies, like all other human deficiencies, bring about emotional reactions on the part of the individual which are usually unhappy. Some cases will illustrate this.

Visual defect, handicap, depression

Janet had always been popular. When she graduated from the art-school and went to work with an interior decorating firm, she became the most successful and most popular interior decorator in the city. She was invited out a great deal by her wealthy clients, and life seemed very rosy to her.

A sudden illness left her, at twenty-eight, with her eyesight seriously impaired. She was able to continue her work, but she was haunted by a terrible fear that her eyes would become worse and she would have to be financially dependent upon someone else. Her eyes became her chief thought. She would not go to movies or read even the headlines of the newspapers. Even being in the dark, she thought, strained her eyes.

She became very depressed and despondent. She could never again enjoy the things that her friends enjoyed. She could never marry, for who would want a half-blind wife? She refused all social invitations and avoided her friends; she felt remote from them; they lived in a world of happiness that she had once known and would never know again. There was really very little reason for her to live.

To make it clear that this patient was crippled chiefly by the secondary effects of the affliction, I may add that after four years of such suffering she was given an entirely new start in her life-work by some properly administered psychotherapy.

Deafness, handicap, delusions

Guy Reynolds was thirty years old when he first began to suspect that he was getting hard of hearing. He noticed that in conversation he often missed one or two important words and was forced to ask that they be repeated, or else lose the conversation. As it became increasingly difficult for him to hear everything that was said, it occurred to him that perhaps his friends were purposely dropping their voices in order to humiliate him by forcing him to ask what had been said. He determined to watch closely and thought several times he detected them laughing at him behind his back when he did not understand what was said. Sometimes they said things and laughed uproariously; he was sure that they were laughing at him. Sure enough, it was just as he had thought. They were trying to make him the laughing-stock of the town. Probably they made jokes at his expense in his very presence and then told him that they had said something else. Probably everyone in town was talking about him and bringing about occasions to make him appear ridiculous. He began refusing all invitations; people only asked him so that they could laugh at him, taking advantage of his deafness.

Visual defect, handicap, inferiority feelings

When Charles was a baby, it was discovered that there was something seriously wrong with his eyes. By the time he was two years old he had had four operations, and the difficulty had been corrected to some extent, but it had been found necessary for him to wear very thick-lensed glasses for the rest of his life. Because he could not see as well as the other children he played with, who could therefore excel him in all games and sports, he avoided playing with them and withdrew into an imaginary world of his own where his imaginary playmates treated him as their superior. Throughout his boyhood he continued living this seclusive life, firmly convinced that his visual defect was an insurmountable barrier between him and those who would otherwise have been his companions. When he went to college he was self-conscious, diffident, and very sensitive to slights. He worried for fear he would fail to recognize people he knew and not speak to them. He felt left out because the other boys, realizing that he was not like them, did not include him in their activities, and he looked on at them from the side-lines, never joining them "because my eyesight is so poor I can't do the things that other people do."

On the other hand, many people with perceptual deficiencies do not recognize their own handicaps. They may recognize that they are failing, but they don't know why. They blame it on the weather, or their liver, or their ancestors. A young woman was once referred to me because, although alert and intelligent, she had never been able to interest herself in any literature aside from newspapers and short stories. No emotional causes for this disinclination could be found, but an eye examination—she had never had one before—revealed a visual defect of about ninety per cent! Glasses reduced this to about twenty-five per cent and she developed an immediate and grateful fondness for books!

This girl did not know she was nearly blind, and many people do not know they are deafened. There is this much to justify the routine examination of schoolchildren. But they should be examined from the point of view that their hearing is a part of their mental functioning, and not merely as a criterion for deciding to move their seats or to extract their tonsils.

COMPENSATION

Fortunately there is a mechanism deep in the interior of the human mind which automatically endeavours to make up for deficiencies of any sort—perceptual, physical, social, or whatever. This compensation is sometimes automatic and unconsciously accomplished, but sometimes it is a deliberate, conscious process. In either case it tends to make for more satisfactory adjustments than had been achieved in the few cases cited above.

For the purpose of illustrating these compensations as they apply to perceptual deficiencies, let us narrow our attention to deafness and blindness, since they are the most common and most important.

Perceptual accommodations to deafness may take the form of conscious, deliberate over-development of another faculty, or function, such as lip-reading. Lip-reading should be taught to every deaf, or deafened, child as early as his condition is discovered. The sense of touch similarly may be developed far beyond ordinary necessities and to incredible degrees. Thus a blind girl has recently been studied [2] whose tactile acuity was so great that she could do feats no less remarkable than that of reading the newspaper headlines by feeling them with her finger-tips.

Intellectual shifts are another means of compensation. These are the various philosophical attitudes and attacks, the point of view that hearing, for example, is not an end in itself, but only a means to an end, and, provided the end can be otherwise obtained, is not worth having. Earnest Elmo Calkins, a very successful business man of New York who is completely deaf, says in an eloquent dissertation that he finds the balance-sheet of available joys for the average deafened person leaves him still happily solvent.

The trouble with such philosophizings is that, in spite of the most ardent presentation, they leave the actual sufferer somewhat cold. They are analogous to the silly exhortations which every nervous patient is obliged to endure from all his relatives and friends who are sure that if he would only buck up and get control of himself and try not to be sick, and so forth, all his troubles would disappear. Anyone who understands the essential psychological nature of nervous diseases knows how much this is like telling a man in mid-ocean that if he will swim to shore he won't drown.

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[2] T. J. Williams in the *Journal of the American Medical Association*, Vol. LXXIX, p. 1331 (October 14, 1922).

There is a second type of intellectual accommodation to handicap which is in the nature of a flight, but a worthy flight. This is the development of a refuge in some avocation or hobby. The reading of books is one of the best. As a therapeutic measure as well as a hygienic preventive, this is exceedingly commendable.

Among emotional compensations the saving grace of a sense of humour ought to be mentioned first. If the temperament of the patient is such that he can laugh with the crowd, even at himself, he will be spared much suffering, and the very laughter will help him in a more general adjustment. Unfortunately, it is too often the case that this is impossible for him. Such persons, then, are the more deeply wounded, and the element of wishing not to hear complicates the organic deficiency. All deafened people know that it is easier to hear pleasant than unpleasant things.

OVER-COMPENSATION

Some individuals achieve veritable success, not only in spite of their handicap, but because of it. This is called *over-compensation*. Sometimes it is quite unconscious, as, for example, in the case of Mozart, Beethoven, and Bruckner, all of whom were deaf, but became great musicians notwithstanding. The Adlerian theory holds that it was an unconscious but premonitory warning of their deafness which stimulated their interest in beautiful sounds; similarly, visual anomalies and defects are reported by Adler to be very prevalent among art-students and artists, pulmonary diseases among singers and actors, etc. Be that as it may, there are many who have achieved greatness in spite of perceptual deficiencies. The sculptor Gonnelli, who became blind at the age of twenty, was able to execute excellent portraits in terra cotta, it being sufficient for him merely to pass his hand over a face to produce an exact likeness. "Dr. Nicholas Sanderson, who lost his sight before he was twelve months old, became professor of mathematics and optics at the University of Cambridge. It is recorded of him that his sense of touch was so exquisite that in a collection of Roman coins he could distinguish the genuine from the false by feeling them, though counterfeits had deceived the keen eyes of connoisseurs. Nor was his hearing less acute; he was able to determine the dimensions of a room into which he was introduced for the first time, and his distance from the wall at any point from where he might be placed."[3] Sir Joshua Reynolds, the most popular painter of his time, who in one year had over six hundred sittings for portraits, became deaf at twenty-seven; the Earl of Chesterfield, Governor General of Ireland and one-time patron of Samuel Johnson, was deaf all his life, and in his old age became blind. Other great figures who were deaf, or deafened, include Harriet Martineau, philosopher, economist, and author; Pinturicchio, a great painter of the fifteenth century; Julius Cæsar; George Washington; Kitto, of *Pictorial Bible* fame; and, in modern times, Theodore Roosevelt, Ismet Pasha, Carolyn Wells, Grace Ellery Channing, Dorothy Canfield Fisher, and Thomas A. Edison.

Among sixty prominent New Yorkers who are known to be deaf, I found thirteen physicians—most of them otologists! Eleven are lawyers, so that these two professions, in both of which hearing is so important, comprise forty per cent of the list. Of the others, seven are bankers and seven are business men, six are journalists, four are novelists, three are manufacturers, two are in religious work, and there is one in each of the following vocations: architecture, cartooning, farming, politics, teaching, general science, and music.

FAILING COMPENSATIONS

But while a few are succeeding like this, a great many more are failing. The fact of the deficiency remains larger than the fact of the compensation. The battle for supremacy is a continuous conflict. There are all degrees of victory, as we have seen; similarly, there are all degrees of failure. Space prevents illustrating this here, since these mechanisms are the subject of another chapter, but for the sake of completeness the chief stages or types of failing compensation should be listed and briefly described. In an order of increasing severity of degree, they are:

1. A simple *failure in suppression,* with a painful awareness of the conscious aspects of the complex—for example, hypersensitiveness as regards the fact of being partly blind or deaf;

2. Mild *failure in repression,* manifested in a painful awareness of what should be unconsciously solved conflicts—for example, the psychic pain of the sense of inferiority engendered by blindness or deafness;

3. Inadequate *compensatory efforts* made as a defence against the pains just described; for example, strivings to win social esteem stimulated by fear of

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[3] Robert Kingman: "A Study in Variation," *Long Island Medical Journal,* Vol. XXII, no. 10 (October 1928).

failure, inferiority, ridicule; accompanied by varying degrees of tension, fear, shame, hate, fear of competition and of being exposed, suspiciousness, and various bodily symptoms;

4. *Regression* to a still lower adaptation—that is, a partial failure to compensate in spite of all these strivings is relieved by permitting the whole mental organization to slip back into earlier, easier, and more comfortable irresponsible ways. The individual becomes more childlike—a condition known as psychic infantilism. There is a tendency to the evasion of duty and of responsibility and towards inefficiency, apathy, and, above all, depression;

5. *Dissociation,* a further flight from adjustment, really an almost complete failure to compensate, so that the individual is dominated by the uncontrollable elements of the unconscious. Then there appear, as if they were a part of real life, such very unreal things as delusions, hallucinations, etc. These, in short, are symptoms popularly known as "insanity." This is a theoretically possible but very rare consequence of deafness, blindness, and other perceptual deprivations.

Deficient Intellection (2)[4]

Psychologists and philosophers have wasted much time and paper trying to decide just what constitutes intelligence, whereas almost any schoolchild can tell you in a minute that it is the ability to learn. This requires a memory storehouse and association fibres (tracts) for the mustering of memories called forth in the grasping and storing of new ideas and perceptions. Knowledge is the material stored; intelligence is the capacity for using it. Hence one can understand why knowledge may be added to as long as one lives, but the learning capacity—that is, the intelligence or intellectual ability, —reaches a maximum early in life, generally before twenty, and thereafter it remains unchanged. Defect of knowledge constitutes ignorance; defect of intellect constitutes stupidity.

INTELLIGENCE MEASUREMENT

A curious thing about intelligence is its direct relationship with the time element—that is, with the individual's age. A child twelve years old is just about twice as intelligent as one six years old; one five years old is about a third as intelligent as one of fifteen. This is so well known that it may seem less extraordinary than it really is. It applies to almost nothing else. A child of twelve doesn't *weigh* twice as much as one of six, or four times as much as one of three. A child of fifteen is not three times as tall as one of five. A child of twelve does not hear twice as well as one of six, or have twice as much strength, or run twice as fast. But he does have approximately twice as much intelligence.

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[4] This numeral refers to Figure 9, p. 163.

It was this fact, really a curious and important one in spite of its obviousness, that gave Binet and Simon the clue to a method of measuring the degree of the stupidity of certain defective individuals more accurately than just calling them half-wits (and quarter-wits and three-quarter-wits). Binet and Simon worked out some tests that gave us a scale for measuring intelligence on an age basis. They tried out various groups of questions until they found some that most ten-year-old children could pass, then another set that most eleven-year-olds could pass, then another for twelve-year-olds, and so on.[5]

The score achieved by a child on such a test may be compared with his actual age and they should be approximately the same. A child of twelve should pass the tests for twelve-year-olds, etc. The test-score age or *mental age* divided by the chronological age gives what is called the *intelligence quotient,* or "I.Q." It is usually expressed as if it represented so many hundredths, or, in other words, it is practically equivalent to percentage. For example, a ten-year-old boy who could only pass tests for six-year-olds would be said to have an intelligence quotient of 6 divided by 10, times 100, which equals 60. Sixty is the I.Q. of this boy; he might also be said to have sixty per cent of the normal intelligence for that age, but this expression is never used. Strictly speaking, it is incorrect.

Adult mental age varies from fourteen to twenty-five years; there is considerable difference of opinion about the upper limit, but it is generally agreed that our intelligence grows little, if any, after the early twenties.

There is nothing mysterious about intelligence tests, although they appear to have perplexed and irritated mightily some of the intelligensia whose prejudices exceed their information.[6] Intelligence isn't personality—it's just intelligence. And it can be measured just as one measures wheat or height or volts, except that our scales are not yet quite so definitely marked off. Wheat shrinks in the bin, and voltage may vary on the wires—and so with the evidences of intelligence. But in general it can be measured.

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[5] This was done early in the twentieth century, and, although much elaborated and varied since then by hundreds of psychologists, the original tests have not been greatly improved.

[6] "I hate the impudence of a claim that in fifty minutes you can judge and classify a human being's predestined fitness in life. I hate the sense of superiority which it creates and the sense of inferiority which it imposes." Walter Lippmann, in the *New Republic*, December 27, 1922, pp. 116–122.

How reliable are these tests? Reliable enough to serve as pretty accurate predictions of what scholastic achievement a given student is likely to make, whether he will finish two or four years of high school, complete college, or drop out at the end of the freshman year. Reliable enough to be useful in industry and useful in the army and useful in any situation requiring that men (or children) be graded as to intellectual capacity.

A lot of intelligence testing has been going on since the two million tests were given to the soldiers in the World War. Here is an interesting computation by Terman, quoted by Pitkin.[7] If we take the one "best mind" out of each hundred, the one per cent of all American citizens with the greatest powers of thinking, we shall find them to have intelligence quotients of from 130 to 190. The second best mind out of each hundred would present an I. Q. of 128 to 130; the third best, 125 to 128; etc.

Now, an I.Q. of 140 or higher is regarded as indicating genius; I.Q.'s of 120 to 140 are roughly described as "very superior," and anything above 110 is superior. Ninety to 110 is the I.Q. range of average minds; 70 to 80 that of the dullards; and below 70 that of the feeble-minded.

Compare the distribution of intelligence among individuals (freshmen) in a college, and the individuals (soldiers) in the United States Army, as indicated in the following table:

Alpha Score	*U. S. Army Soldiers (1917)*	*Washburn College Freshmen (1927)*	*Approximate Mental Age*[8]
135—212	4%	46%	18 and over
105—134	9%	35%	16½ to 18
75—104	17%	17%	15 to 16½
45— 74	25%	2%	13 to 15
25— 44	20%	0	11 to 13
15— 24	15%	0	9½ to 11
0— 14	10%	0	Below 9½

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[7] Walter B. Pitkin: *The Twilight of the American Mind* (New York, 1928).

[8] As explained above, mental age is an arbitrary designation, varying somewhat with the tests used. The generally accepted maximum is somewhere from 16 to 20. It is impossible to correlate these arbitrary figures exactly with definite figures, such as the score made on an Alpha Test.

OTHER KINDS OF TESTS

Psychologists everywhere are working on the development of tests to measure special aptitudes and abilities, mechanical and academic, some of which already have great value. Each, however, has its own limitations; each, also, is capable of furnishing an I.Q. *for the particular qualities it tests.* No satisfactory means of measuring driving force or emotional possibilities have yet been devised.

It is natural that intelligence tests should frequently be confused with performance tests and knowledge tests. The former are designed to test the proficiency of an individual in performing a certain kind of task—for example, a set of mechanical problems of graded difficulty. Knowledge tests are brain teasers designed to test knowledge and memory, not intelligence. Edison's famous questionnaire was one of these, and the fad of "Ask me another" is of the same category. It is a confusion of this sort which makes possible such humorous articles as one in *Collier's* for October 25, 1924, in which the cook is discharged because she fails in an intelligence test, a steel-maker is made a marine-insurance agent, and similar miscarriages are perpetrated. It is true that intelligence tests are being used in industry, but not after that fashion—the author has confused them with performance tests.

Suppose we were going to select a stenographer by means of some of these tests. We might give her any one of the three varieties, or perhaps all of them. We might give her a *performance* test; this would be a page of manuscript to copy, or a sample of dictation, and would be graded on its accuracy and speed and final appearance. Or, instead, we might give her a *knowledge* test, which would be a set of questions covering certain points in business or law or whatever field we expected her to be somewhat acquainted with, so that we could judge as to her knowledge. Or we might give her an *intelligence* test. This would be an effort to gauge her ability to use what proficiency and knowledge she already has and to acquire more. It is a test of her capacity to learn rather than a test of what she has already learned. Naturally it is more complicated, but it is not more difficult. In fact, most of the individual questions in an intelligence test are quite simple.

SPECIAL DISABILITIES

Quantitative estimates of intelligence must be supplemented by qualitative studies. It has been found that certain individuals have what are called specific disabilities of intelligence. The public knew this long before the psychologists would admit it. That arithmetic is particularly difficult for some otherwise intelligent persons should be no more surprising than that some good athletes cannot do the hundred-yard dash in ten seconds.

Failure to learn to spell, for example, is frequently symptomatic of general incompetence, though not so frequently as failure in reading. "Quite a number of children will be found whose achievement in spelling shows marked discrepancy with general capacity. Spelling is more mechanical than reading, so that the stupid may more easily master it by tireless drill, while the intelligent are not likely to derive so much pleasure from it or to practice it so much."[9] Leta S. Hollingworth cites two cases illustrating discrepancy between general intelligence and ability to spell: (1) a boy, fourteen years and two months of age, who had been in school since his sixth year, was of average intelligence, but he scored below first grade in spelling; and (2) a girl, aged twelve and a half years, who had been in school six years, had a mental age of seven years and four months, but in spelling was of fifth grade ability.

Now compare their spelling performance, as indicated in the two columns below:

Boy (Mental age 14 years)	Girl (Mental age 7 years, 4 months)
canmat	cannot
Supteber	September
bande	burned
howsus	houses
centeer	center
———	thoundred
fefety	fifty
———	familys
tefomter	defends
peavely	bravly

Recently some interesting discoveries have been made in studying these children who cannot read or write well. Apparently some of them never overcome an innate tendency to do things, including reading, from right to left instead of from left to right, so that *cat* is seen by them as *tac; dog* as *god; come* as *emoc; here* as *ereh; now* as *won*. Sometimes they read alternately from left to right and then from right to left. This is the course followed by the ploughing oxen of old Greece, whence Orton coined the term *strephosymbolia,* from the Greek *boustrophedon* (*bouz,* ox; *strepho,* I turn; *strophe,* a turning).

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[9] Leta S. Hollingworth: *Special Talents and Defects* (New York: The Macmillan Company, 1923).

DEFECTS OF MEMORY

All that goes to make up intelligence we do not know, but that memory is a very important constituent we do know.

All intelligent people have good memories, although they may not be able to use them well, and hence think they haven't. "I keep forgetting," or "I cannot memorize anything," they say. But these are rough and misleading tests.

Real deficiencies of memory are of three kinds, corresponding with the three phases of the memory process:

1. Defective recording;
2. Defective retention;
3. Defective reproduction.

1. *Defective recording* is chiefly a matter of lack of attention. Experiences, or stimuli, are not remembered, because they were not adequately perceived in the first place. This is the common type of memory fault in students. Of course there are usually reasons to be sought as to *why* the attention is so errant; these are emotional, physical, environmental, etc. The deafened child who does not hear without special effort becomes fatigued, his attention flags, his memory-recording suffers, his progress slackens.

Take the case of Helen Smith, who had done superior work in college during her first three years. In the latter part of her junior year she fell violently in love. The summer brought this to a climax and she returned to college engaged to be married and much puzzled as to whether or not she should leave college for this purpose. She sat through her classes and recited in a perfunctory manner when called upon. At the time of final examinations she found herself unable to remember anything about the details of her courses. She failed completely in ten hours of work. Her attention had been so distracted by her personal problems and day-dreaming that although she had been present and heard every recitation, she could recall nothing.

Sometimes what appears to be defective registration is not just that, but an interference with the process of recollection. There are many cases on record in which, under hypnotism or anæsthesia, an individual relates long-forgotten trifles or is able to describe minutiæ of a friend's clothing or other environmental details at which he had had but a fleeting glance. Theoretically, one glance at the newspaper photographs it on the mind so that under hypnosis various unread portions may be "seen" in imagery and read; but, fortunately for the efficiency of ordinary living, this hypermnesis (excessive memory power) rarely becomes consciously active, however valuable it might be in certain situations.

2. *Defective retention* is always due to an injury to the brain that destroys nerve-cells (where we believe memory images to be stored) or cuts fibres of association which connect and relate these cells. That is, it is always due to "organic" or structural changes. It occurs familiarly in concussion of the brain, skull fracture, etc., and in the less acute and more progressive injuries, such as the atrophic processes of old age.

Bert Anderson was playing his third year on the varsity eleven. In one of the more strenuous games of the season he was thrown heavily to the ground by an opposing tackle, his head striking sharply. He got up promptly and after a few minutes' encouragement by the other players resumed play. It was necessary to remove him, however, after about fifteen minutes because of his increasing irritability and inclination to quarrel with the other players. He was taken to his fraternity house, where he remained somewhat delirious for several hours. He recognized me immediately and thought it was absurd that he should be confined in bed and wanted to know why it was being done and why he was there. The next day he still had no recollection of why he had been put to bed. He did not remember any of the football game, either the part in which he played *before* he was injured, or the part in which he played *after* he had been injured. There had been a loss of memory retention for events both prior and subsequent to the injury, technically called *anterograde* and *retrograde amnesia.*

A successful merchant of about fifty-five, who apparently was in excellent health, began to be distressed by the fact that he could not remember the names of customers whom he had known for years.

When they came to his store he found himself quite unable to think who they were, or what previous business they had had with him. In order to prevent his embarrassment, he developed a habit of jocular persiflage. He did much back-slapping, hand-shaking, and joking in an effort to cover up the fact that he did not know precisely to whom he was talking, or what the business in hand might be. This tendency seemed to progress and became increasingly distressing to him. Persons with whom he had begun business transactions only a few weeks before would return to complete them, only to meet with puzzled forgetfulness on the part of the old merchant. His forgetfulness extended slowly so that he could not remember his own telephone number nor his own street address, then the names of his neighbours and closest friends, and the names of the streets of his city.

Within a few years his retention of the ordinary facts of his environment had been so completely lost that he had to be taken to work by his wife, being quite unable to find his way about the town in which he had lived all his life; and when he was once at work, his chief function was confined to signing his name and discussing trivial matters of immediate concern.

In spite of this extraordinary stripping of memory, really leaving the poor fellow quite helpless in the world, he was able, by means of jocular loquaciousness and affability, to maintain his social position fairly well; he was a member of a prominent luncheon club and attended regularly. His condition was entirely unknown to the majority of the members. He would carry on a patter of unimportant remarks about the weather and their state of health and the program of the day, which he could remember five or ten minutes after he had heard it, and his friends thought of him as a kindly, amiable, somewhat childish old gentleman.

This case was probably caused by hardening of the arteries of the brain so that the supply of blood nourishing the cells of the brain became diminished and the cells dried up and ceased functioning. Something similar to this in less extreme degree takes place naturally in many cases of senility, and older people expect to become slightly forgetful.

Occasionally it occurs in middle age. No one knows the cause. For example, a woman we will call Mrs. Brown was admitted to the Topeka State Hospital in her forty-third year. She was a beautiful woman, in excellent physical health, and made a very fine first impression. She sat so quietly and with such poise and self-assurance that it seemed incredible that her alert face should hide such amazing vacuity. As a matter of fact, over a period of two years she had lost almost every memory that she had. She could not remember the names of her three children, nor even how many she had, or if she had any; she had no idea what her husband's name was, where they had lived, what he did, how she came to be in the hospital, or, in fact, anything about herself or the people about her. When asked her name, she laughed somewhat nervously and gave it hesitatingly, as if she were not quite sure even of that. This was a case of what is known technically as *Alzheimer's disease.*

Instead of an even, generalized loss, the memory may be defective in "patches," most commonly seen in diseases of the brain which attack it in spots (for example, syphilis).

Frank X. quit school to go to work as a telegrapher. He became very successful. He dispatched trains and had in his hand the lives of a great many unsuspecting passengers and train crews. As far as anyone knows, however, he had never made any serious mistakes.

During the summer of his thirty-second year he astonished his wife one day by driving home in a new Packard automobile. No one knew better than she that, although in comfortable circumstances, they were in no position to afford a Packard. She broached this to him and he calmly announced that he had given a cheque in full payment for the car. "You know we have about ten thousand dollars on deposit and I thought we might as well be using a little of it." Actually they had on deposit about fifteen hundred dollars, and even this was not in a checking account. "Don't you recall," she asked him, "that the ten thousand dollars that you are talking about is not to come to us until your mother dies?"

He was easily persuaded to call off the deal, and no more disturbances of memory were noticed for a month or so, during which time he continued to dispatch trains.

Then one evening he disappeared. He was found the next morning in a town ten miles from his home, apparently having walked the entire distance. He hadn't the slightest idea of what he had started out to do or why he had gone out bare-headed at night. He was put in the hospital and carefully observed. While there, he gave a very elaborate history of his life to the doctors. When this history was compared with his wife's account, it was found that while he gave many details which she had long since forgotten, he had completely omitted two or three of the most important incidents of his life, and concerning his running off he hadn't the slightest recollection.

He gave a very complete account of his duties with the railroad, but couldn't for the life of him remember the name of his boss or the time at which the limited train was due. He thought that if you subtracted 7 from 100 you had 86, and if you subtracted 7 from 86 you would have 66.

3. *Defective reproduction* (amnesia of recollection) is the ordinary "forgetting" of well-known things which we all experience every day. In contrast to the amnesia (defect in recording) just described, this type is probably never due to brain-injury. The nerve-cells are intact; the memories are there, but something interferes with their recall at a needed moment. What is this interference? Most psychiatrists now believe it to be a wish *not* to remember which derails or blocks the wish to remember. Nietzsche summed it all up, both the process and its psychological basis, in his *Beyond Good and Evil,* thus: "'I did that,' says my memory. 'I could not have done that,' says my pride, and remains inexorable. Eventually—the memory yields."

The girl knows this whose lover has unluckily forgotten an engagement and thus "broken a date." In vain he may plead excuses, or even frankly confess forgetting. She knows, perhaps even better than he, that unconsciously (if not consciously) he didn't really want to come. She may know nothing of abnormal psychology, but she "feels" it, and she is right.

Similarly, we forget debts—that ten dollars I owe my friend; that bet on last week's golf game; that account at Greene's. We forget the things we don't want to remember.

Even in science it happens, all the time. Darwin wrote in his autobiography that for many years he "followed a golden rule, namely, that whenever a published fact, a new observation or thought came across me, which was opposed to my general results, to make a memorandum of it without fail and at once; for I had found by experience that such facts and thoughts were far more apt to escape from the memory than favourable ones."

A medical friend related to Dr. Ernest Jones the following instance. His wife was seriously ill with some obscure abdominal malady which might well have been tuberculous, and while anxiously pondering over the possible nature of it, he remarked to her: "It is comforting to think that there has been no tuberculosis in your family." She turned to him much astonished and said: "Have you forgotten that my mother died of tuberculosis, and that my sister recovered from it only after having been given up by the doctors?" His anxiety lest the obscure symptoms should prove to be tuberculosis had made him forget a piece of knowledge that was thoroughly familiar to him.[10]

Sometimes the process of association leading to the forgetting of one and the substitution of other memories can be clearly dissected. (This occurs daily in the course of the psychoanalysis of patients.) It is usually too complicated and detailed to present as illustrative material. The following case, however, given from personal experience by Dr. Homer Frink, is a beautiful example, lucidly presented:

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[10] Ernest Jones: *Papers on Psycho-analysis* (New York: William Wood & Company, third edition, 1923), p. 72.

"A friend once asked me if I knew of a firm which could supply a certain commodity he desired, but upon replying that I did, I found myself unable to remember the name of the firm, although I did remember the location of their place of business—a large downtown office building.

"A few days later, as I happened to be passing this building, I stepped in, and upon consulting the directory of its tenants found that the name I had been unable to recall was Pond. I attempted afterward to analyze my forgetting with the results that are here recorded.

"My first association with the word Pond was that a certain Dr. Pond had been a pitcher on the old Baltimore baseball team. Next I thought of Indian Pond, where I used to go fishing as a small boy, and I had a memory picture of myself throwing into the water the large stone used as an anchor for the boat. Then I thought of a man named Fischer who is at present a pitcher for the New York Americans.

"Continuing, I thought of Pond's Extract and of the fact that it contains witch hazel. This reminded me that I used witch hazel to rub my arm when in my school days I was pitcher on a baseball team. I also thought of a certain fat boy who was a member of the same team and recalled with amusement that in sliding to a base this boy once went head first into a mud puddle, so that as he lifted his face plastered with dirt this, combined with his marked rotundity, had given him an extremely laughable and pig-like appearance. I further recalled that at that time I knew a boy nicknamed 'Piggy' and that at a later time I had been nicknamed 'Pig.'

"At this point I was interrupted for a few moments, and when I returned to the analysis the word Pond brought the associations: Ponder—think—'sicklied o'er with the pale cast of thought'—Hamlet—the memory of my having referred to a certain village as a hamlet—the recollection that a farmer in this village once told me that a spiteful neighbor killed two pigs and threw them into his (the farmer's) well.

"Then there suddenly occurred to me the following incident from my seventh year, which appears to have been the cause of my forgetting the word Pond.

"At the time I refer to I had a dog to which I was greatly attached. My brother and I were playing one day on the edge of a small pond near our house, and this dog was in the water swimming. We began to throw small stones into the water in front of the dog, and as each stone struck the surface he would jump for the splash, try to bite it, and bark in joyous excitement. Finally, I was seized with the malicious desire to scare the dog and, picking up a stone weighing three or four pounds, I threw it, intending it to strike just in front of him and frighten him by its enormous splash. Unfortunately, my aim was bad. The big stone struck the dog squarely upon the nose and stunned him, so that he sank beneath the surface and was drowned.

"My grief over this incident was without question the greatest that I experienced in my childhood. For days I was utterly inconsolable, and for a long time there were occasions when I would be so overcome with sorrow and remorse as to cry myself to sleep at night. I suppose, however, that my grief seemed greater than it actually was. That is to say, it was exaggerated to serve as a compensation and penance for the painful perception that a cruel impulse on my part was responsible for the dog's untimely end.

"At any rate, as is plain, the memory of the incident was a very painful one, and, in consequence, I had good reason to wish to forget not only the incident itself but also any word (such as Pond) which might serve to bring it before my consciousness.

"A matter that is not without interest in this analysis is the relevancy of my seemingly irrelevant associations. For instance, my first association—that of the pitcher, Dr. Pond—contains three ideas connected with the repressed memory; viz., *Doctor* (myself), *Pond* (the place of the incident), and *pitcher* (one who throws). My second association—concerning Indian Pond and my throwing into the water the big stone used as anchor—is equally relevant. Indian Pond is in the same town as the other pond in which the dog was drowned; my memory of throwing overboard the anchor is connected with the memory of throwing into the water the other big stone which caused the dog's death, etc.

"The association *pig* which came up several times in the latter part of the analysis seems at first glance to have no connection with the concealed memory. A connection does exist, however. The letters P-I-G reversed are G-I-P, which spells the name of the dog. Thus the association concerning the pig-like boy and the mud puddle—which contains the elements *P-I-G,* baseball *(i. e., throwing),* and *water*—or that of the farmer and the pigs—*P-I-G, death, throwing,* and *water*—is seen to be perfectly relevant. 'Hamlet' and the quotation from it gain a mediate relevancy through the drowning of Ophelia."[11]

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[11] H. W. Frink: "Some Analyses in the Psychopathology of Everyday Life," *Journal of Abnormal Psychology,* Vol. XII, April 1917.

FUGUES

There is a certain curious exceptional kind of memory defect which is frequently appearing in the newspapers under the erroneous caption of "aphasia."[12] What is usually referred to is an episode in which a previously healthy and presumably happy individual suddenly disappears and when discovered is found to have lost his identity and all recollection of previous happenings, at least for the period of the *fugue*[13] (the correct technical designation), which may last an hour or ten years. Many such cases have been reported; a typical illustration from my own file may be briefly cited:

A young man was working on his uncle's farm in Ohio. He started to the house on Saturday afternoon, to quit work until Monday morning. He recalls no more until he found himself in bed in a hotel in California. Upon investigating he found that three weeks had elapsed. The card of a travelling man in his pocket gave him a clue. He wrote to the man and received an incredulous reply, saying that when he had exchanged cards he had appeared to be a perfectly normal young man going about his business in a matter-of-fact and self-confident way, giving such and such a name, destination, and program.

The case just cited is probably classifiable as hysteria, but the same phenomena occur in certain other diseases, such as epilepsy, migraine, and—as in the case cited a few pages hereafter—mania.

A much more dramatic and tragic case is the following:

A vivacious girl of eighteen fell in love with a farmer twenty years older than she. They were married and had a son, and later two daughters. She was happy with her husband and devoted to her children.

They had been married perhaps fifteen years when she began to flirt with men who came to the farm on business. Her husband reproached her for this, and they quarrelled about it often.

One day they had quarrelled bitterly, but that night had made up and decided to try to live more harmoniously. The next morning, while the husband and son were milking, they heard shots. They rushed to the house. There they found the two little girls, shot through the heart, lying in great pools of blood. Their mother lay across a bed, a shot-gun in one hand and a bleeding wound in her side. "What have I done?" she moaned, and lost consciousness.

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[12] "Aphasia" really means loss of the power of speech. "Amnesia" is probably the intended word, but even it is scarcely specific enough.

[13] Fugue=flight—that is, flight from reality.

She remained unconscious for several days. When she awoke she could remember nothing about the shooting. When I told her that her little girls were dead she burst into tears and demanded to know what had happened to them. I told her. "But," she cried, "how could I do such a thing? Surely I couldn't! My God! How could I do that?" She still insisted that she could remember nothing about it.

Of course the prosecuting attorney expected the family quarrel to prove to be the origin of a guilty motive. But examination disclosed that for years she had been subject to severe sick headaches, of the type known as migraine, which were often accompained by periods of amnesia. When suffering from one of these headaches she had several times done peculiar things which she later could remember nothing about. Once she had milked a cow in the afternoon and had thrown the milk in the horse trough. Another time she had gathered eggs and had then put them back in the nests. For several days before the murder of her children she had had one of these headaches and it had been unusually severe. To this day she has never been able to recall anything about the tragedy.

JUDGMENT DEFECT

So much for the various kinds of memory defectiveness. But not all who have good memories can be said to have good minds. There are the so-called *idiot savants* who can perform extraordinary feats of memory and yet have "no sense at all." Intelligence is more than memories properly received, recorded, and reproduced. It is the capacity to use them in facilitating the adjustment of the whole personality to the requirements of a situation. The piece of mental machinery which serves to select the appropriate memories for the particular moment is called by a very inadequate term *judgment*. *Judgment* means one thing to lawyers, and quite another to psychologists. The latter define it as "the ascription of meaning to the given," whatever that may mean. Psychiatrists use the word only in a very practical sense, best illustrated by the following cases:

Oliver Goldsmith, with only a few shillings to his name and any number of impending debts, was wont to give away to a passing beggar some or all of his last precious pennies. Or when only a little more prosperous, he is said to have squandered his much needed pittance for unnecessarily extravagant and elegant clothes. Precisely the same type of defective judgment characterizes Madame Ranevsky in Tchekov's *The Cherry Orchard,* such that she flings gold to a tramp because she has no silver handy, and "just can't help it," gives a ball with not enough money even to pay the musicians, and by a career of such performances loses for ever her beloved cherry orchard.

May Thompson was a senior, and should therefore have known better, the students all said. She came to class in party dresses; she wore ball-room slippers on the campus; she skipped her lunches to have money enough for two manicures a week; and she was for ever inciting gossip by "happening" into "compromising" situations, *and* being discovered!

George Davis is worthy enough—everyone says he means well—but his gaucheries are notorious. He chooses precisely the right moment for the wrong remark. He bungles everything. He hurts his friends' feelings, he insults strangers, he shocks the unsuspecting, he bores the crowd. All of it is unintentional; no one regrets it so much as he. He is, as his friends say, the "prize bone-head artist." But he is not stupid. He simply has "rotten judgment."

A certain peculiar crudeness and bad taste are characteristic of patients with certain kinds of brain disease. I remember a puzzling case in which the correct diagnosis was first suspected because of such a breach of etiquette. The patient was a refined old lady, genteel and decorous in ordinary life, who had been stricken with a partial paralysis of a queer type. In making some neurological tests I asked to see her tongue. She protruded it promptly, and I examined it closely, when she suddenly drawled: "Look out! Don't bite it off! You know, you look awfully hungry!" She lay back and chortled gaily over this while her mortified daughters gasped and stammered in an effort to smooth over the situation. But we had a hint of the diagnosis (general paresis), which subsequent observation confirmed.

The first symptoms of the break-down of Mrs. Frank Smith, which terminated in a hospital for mental disease, were a series of such stunts as these:

She bought five gallons of white paint and painted the coal-bucket and the kitchen stove in order "to make the kitchen look less dirty." She seemed to lose her skill at estimating the quantity of food to cook for her family and once prepared four great bowls of rice and baked them with three small Irish potatoes. She invited in some callers and entertained them gowned in her kitchen apron, with her dress unhooked. She ordered several hundred artificial flowers from the ten-cent store, saying that she was going into the millinery business.

Deficient Emotion (3)[14]

Perceptual and intellectual deficiencies may exist quite independently of any quantitative or qualitative variation in the *emotional* reactions of an individual, and vice versa. Since the human being is, in real life, a unit and *not* a collection of parts, there is always a connexion, but it may not be apparent, and in this dissection we may neglect it for the present and consider deficiencies now of emotional capacity.

The adequacy of emotional response to a given stimulus can only be measured roughly as (1) average, (2) more than average, and (3) less than average. This average must necessarily be only a rough approximation, strongly influenced by our own subjective experiences. It is a matter of common knowledge that some "take things harder" than others and that we all react differently under different circumstances and at different times. Nevertheless the extremes are recognizable. (See Figures 10 and 11, page 185.)

If during war-time the national anthem is played at a public meeting, we feel thrilled and show our feelings by standing promptly and remaining standing during the rendition. Some, to be sure, will be even more prompt and ceremonious than ourselves; they will salute, or bow, or applaud enthusiastically. Still others will be less evidently moved than ourselves. They may rise reluctantly or not at all; they may appear bored or indifferent, or even show signs of resentment.

Now, resentment is an emotional expression, and the fact that it is not the same as ours, or as that of the majority of persons in the audience, does not make it any less so. But the presumption is that those who showed no interest whatever in expressing by the standard gestures their sympathy and enthusiasm lack in capacity for emotional response, at least in this particular test. Persons living with these individuals, or psychiatrists accustomed to watch for and estimate such reactions, would be able to say whether or not such indifference was an habitual reaction, or rather lack of reaction, to stimuli which arouse more feeling (or more evidences of feeling) in other people—that is, in most other people.[15]

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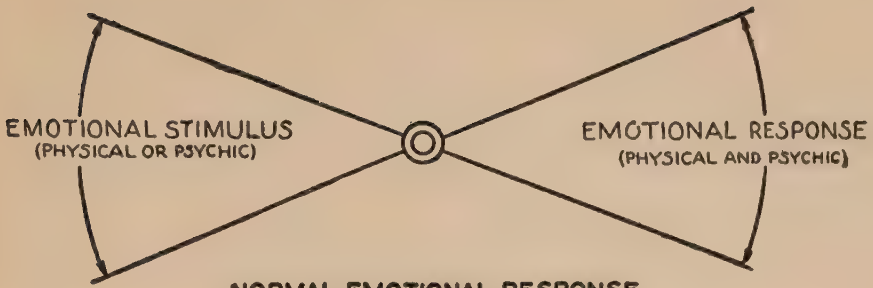
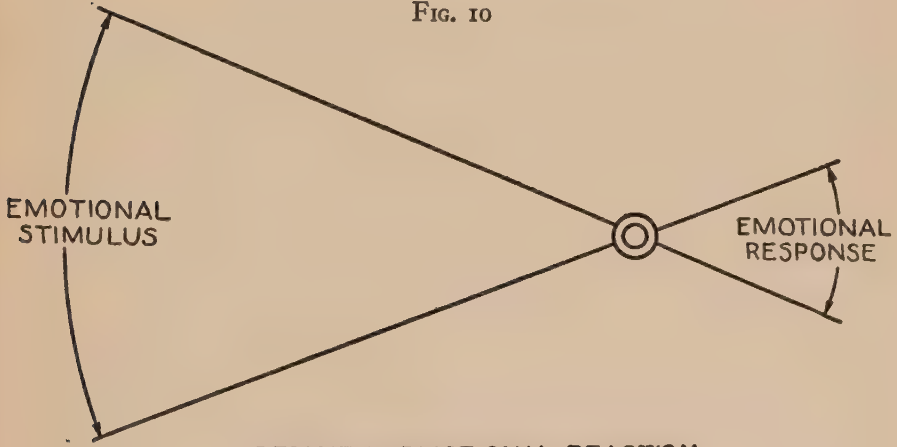
[14] This numeral refers to Figure 9, p. 163.

[15] I hope no one will construe this example to be a defence of patriotic gestures; God alone knows how much suffering these have brought to humanity.


EMOTIONAL STIMULUS
(PHYSICAL OR PSYCHIC)
EMOTIONAL RESPONSE
(PHYSICAL AND PSYCHIC)

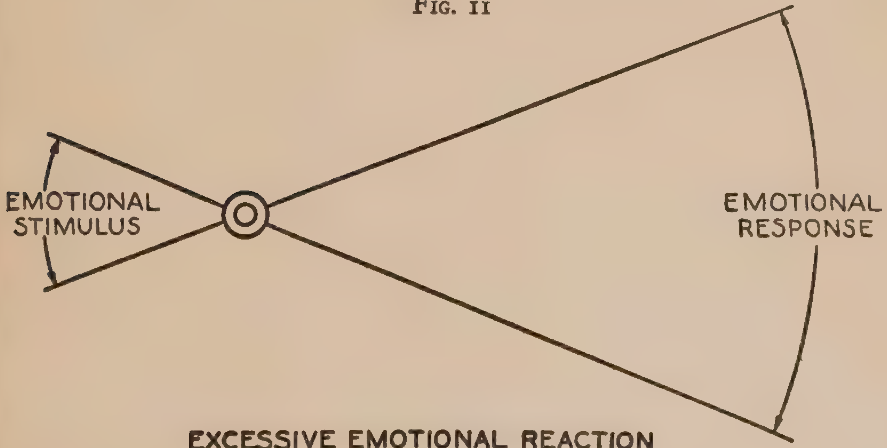
NORMAL EMOTIONAL RESPONSE

Fig. 10


EMOTIONAL
STIMULUS
EMOTIONAL
RESPONSE

DEFICIENT EMOTIONAL REACTION

Fig. 11


EMOTIONAL
STIMULUS
EMOTIONAL
RESPONSE

EXCESSIVE EMOTIONAL REACTION

Fig. 12

Such an habitual apathy constitutes emotional defect. It is exceedingly abundant. It appears in early school life in the child who cannot be interested —in the older child who cannot become enthusiastic and aroused—in the aimless and desultory high-school student, and in the blasé college student. Silliness is another form, especially common in women; callousness is a more usual type in men.

(Newspaper clipping)

HICKMAN CALM IN PRISON

DISPLAYS NO EMOTION WHEN ELDER

BROTHER VISITS HIM

Los Angeles, Calif., May 22.—William Edward Hickman, doomed to hang for the kidnapping and murder of Marian Parker, displayed no trace of emotion when visited in San Quentin's condemned row by his elder brother, Alfred Hickman revealed today.

Hickman admitted he paid three secret visits to his brother at San Quentin prison last week.

"Eddie is devoid of emotion," Alfred reported. "He doesn't seem interested one way or the other about his fate."

—Topeka *State Journal* May 22, 1928

How much of this lack in a given case is due to a deficiency in the emotional machinery of the organism—the basal ganglia of the brain, the endocrine glands, the autonomic nervous system—and how much of it is due to conflicts of emotional streams which neutralize each other, it is impossible to say from *a priori* evidence. Certainly there are both types. We see those whose shallowness or callousness or silliness seems to yield nothing upon analysis; there are a few superficial layers and nothing beneath.

Others, on the contrary, are trussed on the barbed wires of terrible battlefields. "I'm worried," said one college girl, "because I'm not more worried; I ought to be worried. I've plenty to be worried about. But nothing seems to matter much. I am enthusiastic about nothing, nothing interests me, nothing depresses me. Not even life itself appears very interesting, nor people, nor ideas, nor places, nor things. I don't believe I love anyone—my parents, my sisters, my sorority friends—or even myself." This child grew up in a home in which the father and mother were bitterly antagonistic, and each had tried for years to align the children on his or her side. "We'd hear it from Mother; then we'd get a tale from Father; then Mother would lay out Father and Father would tell us why he couldn't endure Mother. We were just torn this way and that until we were old enough to disregard all of it. Perhaps this has something to do with my indifferent feelings towards the world."

Some of those who did not rise when *The Star-spangled Banner* was played may have been torn by conflicting emotions, or dulled by the conflict of more important emotional currents. Still others, like the heart-broken father of the violinist in the motion picture *The Way of All Flesh,* may have been overwhelmed by this conflict, or by an *excess* of feeling. But in all probability many, if not most, by reason of either native lack or educational lack, felt less keenly the emotional surge.

Do not some persons who feel deeply disguise the expression of their emotions? They try to and substitute the effort of repression for the effort of expression. But essentially the James-Lange theory is true, and we feel what we express and express what we feel. That expression may be disguised, but it is never really absent. Even the best poker-player cannot inhibit the dilatation of his pupils upon completing a straight flush on a two-card draw.

Deficiency of emotion as Masefield sees it:

"Tragedy at its best is a vision of the heart of life. The heart of life can only be laid bare in the agony and exultation of dreadful acts. The vision of agony, or spiritual contest, pushed beyond the limits of the dying personality, is exalting and cleansing. It is only by such vision that a multitude can be brought to the passionate knowledge of things exulting and eternal.

"Commonplace people dislike tragedy, because they dare not suffer and cannot exult. The truth and rapture of man are holy things, not lightly to be scorned. A carelessness of life and beauty marks the glutton, the idler and the fool in their deadly path across history. . . . Our playwrights have all the powers except that power of exultation which comes from a delighted brooding on excessive, terrible things. That power is seldom granted to man; twice or thrice to a race perhaps, not oftener." [16]

Deficient Volition (4) [17]

Theoretically, we no longer recognize such a thing as the will. Practically, it is helpful to consider that the mental process resolves itself into action at a point of convergence or resolution, and it is convenient to call this point the will.

[16] John Masefield: Introduction to *The Tragedy of Nan.*

Note: Depression is not a deficiency of emotional reaction; it is an excess. Hence it will be discussed later.

[17] This numeral refers to Figure 9, p. 163.

Mary never rises until she is called. She gets no lessons unless driven. She goes to no parties unless urged. She accomplishes nothing of her own initiative.

Nellie is a patient at the state hospital. She has been there many years. She never moves except when she is pushed. Put her hand or arm or leg in a certain posture, and, no matter how uncomfortable it might be supposed to be, she will leave it there for hours rather than exert the will-power to replace it.[18]

There are those who seem to have no faultiness in their sensory and perceiving apparatus, who cerebrate accurately and rapidly, whose emotional reactions are quite comparable in kind and in degree to those of their fellowmen, who yet fail of life adjustment by reason of a defect. The defect is not perceptual, not intellectual, not emotional, but in the resolution of these functions into action. It is volitional. Let the neo-psychologists rail at it as they may, descriptively it is easy to recognize pictures of a weak will. I am considering will, not as a discrete function of mind, but as the resolution of the perceptual-cognitive-emotional process preceding it. And in some persons the fuse burns and the powder is dry, but there is no explosion. Descriptively, this is what one sees:

a. An individual who apparently could and should accomplish something, or everything, but who actually accomplishes little or nothing. He initiates nothing, or he completes nothing that he initiates. He is inoffensive and often amiable and popular, but he is a negative factor except as filler or buffer material.

b. A similar personality, who may or may not contribute something from spontaneous initiative, but who is incapable or relatively incapable of resisting suggestion, particularly of certain types. This is the can't-say-no individual. He is at the mercy of his environment. If alcohol is the thing, it is alcohol to excess, and often to ruination. But the toxic agent may be hard work or it may be subservience to a wife, or extravagance for a daughter.[19]

This is the picture. Let us grant immediately that since the will is only a convergence of forces, so to speak, the behaviour is to be explained by reference to intrapsychic mechanisms—emotional and intellectual—not visible to the ordinary observer. They may or may not—usually not—be understood by the subject, though commonly they are recognized by him as existing. And he usually can't change them unaided. Psychiatrists believe that such defects can be remedied in many instances by re-education. This is one of the functions of mental hygiene.

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[18] This is called *cerea flexibilitas*, and is a rather common symptom of schizophrenia.

[19] For illustrations of both types, see section on failures, under personality type 7.

CONDITIONS OF EXCESSIVENESS

Most people assume that mental faculties are like money, in that it is easy to conceive of too little, but difficult to imagine too much. Excess implies imbalance, however, and it occurs in connexion with mind as well as with money.

Excessive Perception (5) [20]

Excess in the acuteness of perception, for example, is all well enough if it takes the form of the fabulously keen vision of the plains Indians, the Lilliputians, or the giant who could see seven leagues. Unfortunately, however, that is not what happens. With the exception of certain compensatory over-developments of some of the senses, as described below, excess of perceptual function occurs chiefly as the clinical condition of hypersensitiveness.

Jacqueline had not slept well for several nights. Whether it was owing to an oncoming cold, or anxiety over her mother, or something else, she did not know, but she felt "bum." Everything seemed to irritate her. The slamming of doors in the dormitory made her jump with pain; the sunlight which she usually welcomed at her window seemed dazzling and disagreeable. Her room-mate seemed to talk unusually loudly and to stir about blusteringly. Her skin felt raw and rough; the very weight and friction of her clothes were almost unbearable. As she walked down the hall, her own footsteps jarred her head. Everything was too keenly felt. She retreated to her room and to bed.

Georges Lamiers had been "shell-shocked." At any rate, after a huge explosion he was found by his comrades dazed and speechless and was taken to a base hospital.

I saw him many weeks afterwards. He gave the impression of a trapped rabbit. If one were very gentle with him he could be engaged in a quiet broken conversation, but let a door slam, a lock click, a heavy footfall sound, and he would jump as if shot. His leap would be followed by most pitiful tremblings and shakings; in a minute or two he would be quiet again. Even a loud cough or sneeze was sufficient to pull the trigger, and his amiable comrades had amused themselves in the hospital by clapping their hands to see him jump and scream and shiver. He told us that each ordinary sound of average intensity seemed to him as loud as a cannon. He could hear thirty feet away a watch-tick which most of us lost at twenty inches! (His was a case of *hyperacusis.)*

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[20] This numeral refers to Figure 9, p. 163.

Such experiences are familiar to everyone who has been acutely ill physically, and, indeed, physical illness is the usual cause. They result from a decrease in the normal sensory inhibitions—that is, the ordinarily existing buffers which protect the receiving apparatus from over-stimulation. Physical illness, recognized or unrecognized, will produce this. So will fatigue. But so also will various types of mental disease, particularly hysteria and hysterical states. (These are fine-sounding words, but they mean only the outcropping of poorly closeted mental skeletons.) Emotional stresses of various sorts will do it, and they may be conscious or unconscious. Before deciding on a psychological operation, however, the psychiatrist will definitely eliminate the possibility of unsuspected tuberculosis, goitre, and other chronic toxic diseases. The subject himself will do wisely to draw no conclusions in self-diagnosis; it is far cheaper in the long run to hire such tasks done.

Excessive Intellection (6) [21]

Fortunately for the world, and thanks to the statisticians, there are as many persons whose intelligence is above the average as there are persons whose intelligence is below the average. Calamity howlers, ignorant of arithmetic, are heard from time to time proclaiming that two-thirds of the people have less than average intelligence, failing to recognize the self-contradiction of the statement.

Excess of intelligence is the spice of the pudding for the down-trodden, routine-burdened school-teacher. The bright girls and smart boys that require no attention, who learn faster than the rest of the class, and who grasp immediately what she is trying to make clear, brighten up the otherwise drab days to a degree of tolerability. The average teacher would rather have a few I.Q.'s (intelligence quotients) of 125 in her room than a new set of blackboards or a spring coat.

For all that, the teaching profession should hang its official head in shame at the way in which the superior child has been neglected. The thwartings and curbings of the members of this group by the teachers whose concern was necessarily concentrated on the problem of bringing up the stragglers has been even worse than the wretched mishandling of the intellectually defective.

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[21] This numeral refers to Figure 9, p. 163.

Jane was the eight-year-old daughter of very matter-of-fact parents. It had never occurred to them that she was any different from the rest of the family or from the playmates with whom she associated. They knew that she was the youngest in her class and "a little old for her age," but they gave her no special credit for this and were much astonished when they learned from her teacher that her intelligence was forty per cent higher than that of the average child of her age.

She had learned to read when she was five and had always been particularly interested in the precise meanings of words and the relations of numbers. She collected calendars and almanacs and had many dates and weeks marked and labelled. She was given to thoughtful replies to abstract questions, showing a recognition of the complex relationship of things. For example, she would frequently say: "Well, now, that depends . . ." Sometimes when she would seem to be slow it turned out that she was merely attempting to be particularly accurate. Her younger brother would look at the clock and say promptly: "It's about half past seven." She, on the other hand, would look thoughtfully at the clock and then announce: "It was just thirty-six and one-quarter minutes past seven when I finished looking."

We do not really know, as Mrs. Hollingworth points out,[22] what becomes of gifted children. We do know that they do not become mediocre or worthless as they become older. But they probably make up the leading college students and then the leading physicians, lawyers, teachers, and business men and women of their generation.

Aside from the difficulties arising from the fact that the superior child has to drag along in his education with average and less than average children, a difficulty which he fortunately surmounts to some extent by very reason of his superiority, there are hazards in superior intelligence arising from imbalance. Where there is a corresponding superiority of emotion and perception and volition, we find genius; too often, however, superior intelligence and perception are joined with defective emotion and volition to produce a Nathan Leopold. There can be no doubt about the enviable superiority of Leopold's intelligence; it is impossible for some people to conceive of brilliancy and versatility such as his being combined with the callousness and disorder of judgment which would make possible the murder of a child.

[22] "Who are Gifted Children?" *Child Study*, November 1927.

EXCESSIVE MEMORY (HYPERMNESIA)

Just as there are those whose memory is, or becomes, defective in patches or as a whole, so there are those who remember too much and too well. In view of the prevalent belief that all experience is recorded somewhere in the brain, granted a reasonably intact brain, there can be no such thing as an excess of recorded memories. Superiority of memory must relate only to a superiority of recollection (power of recall). This may occur:

1. Episodically, under certain conditions of great stimulation.

"When one is drowning, for example, the events of one's past life sometimes rush with incredible swiftness and accuracy through the mind. Many of these details have not been recalled for years, and some of them have been long forgotten, in the ordinary acceptance of the word. Such an experience of Rear-Admiral Sir Francis Beauford is related by Harriet Martineau. During the brief period in which he was sinking for the third time it seemed as if every event of his past life was reviewed. 'The course of those thoughts I can even now in great measure retrace,' he told Miss Martineau. 'The event which had just taken place; the awkwardness which had produced it; the bustle it must have occasioned; the effect it would have on a most affectionate father; the manner in which he would disclose it to the rest of the family, and a thousand other circumstances minutely associated with home, were the first series of reflections that occurred. Then they took a wider range: our last cruise; a former voyage and shipwreck; my school, the progress I had made there, and the time I had misspent, and even all my boyish pursuits and adventures. Thus traveling backward, every past incident of my life seemed to glance across my recollection in retrograde succession; not, however, in mere outline, as here stated, but the picture filled up with every minute and collateral feature. In short, the whole period of my existence seemed to be placed before me in a kind of panoramic review, and each act of it seemed to be accompanied by a consciousness of right or wrong, or by some reflection on its cause or its consequences; indeed, many trifling events which had been long forgotten then crowded into my imagination, and with the character of recent familiarity.' "[23]

2. Constitutionally—that is, regularly and habitually by reason of superior cerebral endowment. This is a prerequisite of intellectual superiority in gen-

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[23] Edgar James Swift, in *Psychology and the Day's Work* (New York, Scribner, 1926), pp. 205–6.

eral. William James (in *The Varieties of Religious Experience*) remarks that "superior intellect, as Professor Bain has admirably shown, seems to consist in nothing so much as in a large development of the faculty of association by similarity." I am not sure that all recent psychological research has altered this opinion.

In that remarkable study of the mental traits of three hundred geniuses,[24] Catharine Morris Cox has recorded superior memories in only twenty of them, including Balzac, Abraham Lincoln, Jean Paul Marat, Edmund Burke, Thackeray, James Watt, Francis Bacon, Cuvier, and Coleridge, as well as the following worthy of special mention:

Fichte, the German philosopher, was able at the age of eight or nine to repeat from memory the whole of a sermon given by the village pastor, arranged by heads and including illustrative texts. Erasmus learned Horace and Terence by heart in his teens. Racine, the French poet, is said to have been able to quote entire plays from memory, and once after the sacristan had burned two copies of a long Greek romance found in his possession, he got hold of another copy and committed it to memory. Friedrich Wolf, the founder of scientific classical philology, when only five years old, could recall ten to fifteen lines of verse after a single reading. At twelve he committed whole cantos of Tasso. The same year, while studying the English language, he had an English dictionary for one month only; he committed two-thirds of it and copied the other third. He was said to have learned the whole Greek dictionary by heart. "He could recite many rhapsodies from Homer and whole tragedies even before he got their complete meaning." Chateaubriand, the French author and statesman, could repeat almost word for word a sermon he had heard even when he had not paid close attention to it. He learned by heart the table of logarithms.

3. Eccentrically, as to both registration and recall, as manifested in certain special directions by prodigies.

Mozart, after once hearing played the *Miserere* of Allegri, wrote it out from memory. Cæsar and Cyrus are said to have known all the soldiers in their armies by name, and Themistocles could address by name twenty-one thousand Athenian citizens.

I had a patient once who received an enormous salary, chiefly, I am sure, because he could recall the name of practically any and every person he ever met, no matter how long since. Of course this made him an invaluable salesman. There was a student in my class in medical school who failed in most of his work, but we all discovered, before he left us, that he could tell us the page or case number relative to any given topic, without a minute's hesitation. The entire class used the poor fellow for an index.

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[24] *The Early Mental Traits of Three Hundred Geniuses* (Stanford University Press, 1926).

Just as we have seen that there are certain special *disabilities,* in arithmetic, spelling, music, etc., so there are corresponding superior abilities, or talents. Some of these appear to involve enormous powers of registration and recall. Arithmetic lends itself best to illustration.

Jedediah Buxton (born 1702) appears to be the first calculator on record in modern accounts. He lived at Elmton, England. "He labored hard with a spade to support a family. . . . In regard to matters outside of arithmetic he appeared stupid." In 1754, when he was taken to London to be tested by the Royal Society, he went to see *Richard III* performed. "During the dance he fixed his attention upon the number of steps; he attended to Mr. Garrick only to count the words he uttered. At the conclusion of the play, they asked him how he liked it. . . . He replied that such and such an actor went in and out so many times, and spoke so many words; another so many. . . . He returned to his village, and died poor and ignored." It is said that he could give an itemized account of all the free beer he had had from the age of twelve years.[25]

Tom Fuller, "the Virginia Calculator" (born 1712), seems to be another case of highly specialized ability. He came from Africa as a slave when about fourteen years old. He is first heard of as a calculator at the age of seventy years, when it is stated that he reduced a year and a half to seconds in about two minutes; and 70 years, 17 days, 12 hours, to seconds in about a minute and a half, correcting the result of his examiner, who had not taken leap years into the reckoning. He also calculated mentally the sum of a simple geometric progression, and multiplied mentally two numbers of nine figures each. He was totally illiterate.[26]

Inaudi and Diamandi were two "lightning calculators" studied by Binet and Meumann and reported in brief in Swift's interesting chapters on memory.[27]

The most famous calculating memory-wonder on record is a university student by the name of Rückle, who gave an exhibition before the Congress for Experimental Psychology at Giessen.[28] He was able to learn two hundred and four figures in thirteen minutes, so that he could repeat them. Rückle differed from Inaudi and Diamandi in having an exceptional memory for other things than figures and numbers. He could learn a series of nonsense-syllables in less than half the time usually required. With Rückle, however, as with some others, recall was not based on mere memory. He made use of various devices which gave the figures meaning. For example, he separated them into two columns, and each column served as a unit; and in remembering long numbers he divided them into their prime factors. Further than this, his method was to change what he heard into visual images. Then, as he put it, he saw the numbers as clearly as though they were written on a blackboard.

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[25] Hollingworth: *Special Talents and Defects,* pp. 123–4.

[26] Ibid.

[27] *Psychology and the Day's Work,* pp. 249–59.

I personally studied a lightning calculator once who was performing on the Orpheum vaudeville circuit. He could add prodigious sums of seven or nine digit numbers without looking at them, but laughing, talking, and answering questions as he did it. He had to do it a certain way, however—the numbers had to be written some forward, some backward, some in mirror-writing style, and so on. He hadn't the slightest idea as to how he arrived at the result; the answers simply popped into his head—or rather hand—*provided* he followed the certain curious routine of writing them down so and so.

4. In the forms of prolonged mental excitement, occurring in the disease pictures known as *mania.*

"From there we went over to Jane's apartment, 4137 Broadway, telephone Main 4521-W, second flight up—we went there and she wasn't home, but I said we'd wait, because it was only 3.30—3.27, to be exact—I'm sure it was because I looked at Jane's mantel clock—she has a clock that George got for her in Chicago—at a place on Michigan Avenue—let me see, I ought to remember the name of that store—Oh, Abt's—that's it—on Michigan Avenue near—well, anyway, it keeps wonderful time but this day it was slow—half an hour slow—and I couldn't believe it was so early yet and so I called central and asked the time and she wouldn't tell me, but I remembered that Dixon's always. . . . Are you listening to me? Well, we stayed there until Jane came—about four o'clock—no, it was after four, because I saw Mr. Smelzer go to work, and Jane says he has to be there at five and always leaves at four. He works at the post office, you know. . . ."

(The speaker is a girl of twenty-two, confined in a hospital for mental disease. She has talked on and on like this for months. Yes, it's all true.)

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[28] G. E. Müller in *Zeitschrift für Psychologie,* Vol. V, pp. 177–253.

Another maniac with a great memory:

Don Golden was a physically healthy man of thirty. Although he had had only a grammar- and commercial-school education, he was a wide and capacious reader and had been at sea, so that he was virtually a well-educated man and an active one.

He landed in the United States from the Philippines on the transport *M*, arriving in California in December 1916, and almost immediately disappeared. Search by detectives and officials was fruitless and he was given up as dead.

In April 1917, sixteen months after he disappeared, he "found" himself on board a small coastwise steamer working his way back to the United States from South America. . . . "My memory seems to come and go, but one thing was in my mind, getting back to New York, getting in touch with my wife and family, getting all the details I possibly could, and then finding out exactly what my status was. I arrived in New York April 24, 1917." He found his wife, the home was re-established, he reported to the naval authorities, and after some preliminaries he was restored to duty "on a year's probation."

Some months afterwards he began to give evidence of being distinctly excited; he talked volubly and with animation of the money they were soon to have and the idealism and generosity of the naval officers. He talked more and more volubly and boisterously; he began to touch on rather distantly related topics; he could not at first be persuaded to go to bed. When this was finally achieved, he would only sit in the bed and talk and shout. Finally he jumped up and rushed into the street in his underwear. There he jerked off even this garment and stood stark naked in the street until apprehended by the police, who brought him to the hospital.

When first seen he was very talkative, said that he was God, the Creator, the Master Mind of the universe, and knew Don Golden as one of his subjects. He refused to respond to his name, but answered freely to some such approach as this: "Good morning, Creator, will you tell me how Don Golden is today?" To this he would respond: "The Creator finds that Don is better today—feeling pretty chirp." By extending this interrogation to the events of his past life, the whole previously forgotten period was elucidated, as follows:

It began: "The Creator is aware that Don Golden remembers he went to get his ticket to come right back to New York, but he never went to claim it. Something went wrong in his head and he went down to Orville, California." (It will be recalled that for none of these events had he any memory prior to the psychotic episode.) "Here he signed a contract with the Bramwell Company of London, and they gave him three hundred dollars for travelling expenses. But he had to go one hundred and twenty-nine miles north to get this money. He got it from Mr. Toole in the Fisk Building in San Francisco —there were three of them, Don and two more. Their names were Mr. Simpson and Mr. Mangelson."

This narrative continued, always in the third person, and sometimes necessarily spurred on by pertinent interrogations. He went by a devious course to Colombia, South America, and by train to Barranquilla. This and many other foreign names, as well as innumerable minor details, were related without hesitation by him throughout the story. They went up the Nechi River to a place called Zargossa (and so on) and he worked in various mines.

At one time he developed some sort of lesion on his leg. For this he went to Medellín, Colombia, to consult medical opinion, and saw Dr. Gil, "pronounced like Hill." He soon began to realize that the two gentlemen in the room with him were doctors and that they had just completed an operation to remove a growth of some kind, an abscess, I believe, from under the large muscle on the inside of the right leg, well below the groin.

Golden came to himself then for a while and found that he was in Colombia, South America, that he was known by the name of McGinnis, and that wherever he went he had introduced himself by that name, using an American passport with his photograph and full description attached as a means of identification. This passport is still in Don's possession. Then again his memory failed to serve him.

Some months after his recovery and discharge from the hospital he came back to see me, perfectly well, and quite willing to talk over his illness.

"I could hear myself talking to you, and see you plainly, but for all that I couldn't help myself. Yes, I thought I was the Creator, and lots of other things. I was a gorilla; I thought you gave me leprosy with the lumbar puncture needle. It seemed that as Creator I was going into the bowels of the ocean and bringing up from the wreckage of the *Titanic* those people who had gone down with it. A peculiar thing about it is that I recall having tried to defend the Immaculate Conception to somebody, although as a Jew I have never confessed belief in it and in fact prefer not to discuss it. I also had some sort of feeling against priests—that they were all bad, and all turned into haddock and were put into the sea. But some of my best friends are Catholics —religion makes no difference to me, nor colours, nor creeds, nor nationalities. It's funny now—I remember all that I told you about myself in South America while I was here, and I suppose it was true because it fits in with the few things I do know—but it is all news to me. I don't recall much more now than I did before I was sick, but I do remember telling you all about it then."

Excessive Emotion (7)[29]

Consider the following cases, four instances of everyday occurrence:[30]

George Hall went to the final examination in chemistry fully prepared for the worst. He had done superior work during the entire semester, and taking the examination should have been for him a mere matter of form.

But he was aware of a feeling of uneasiness. He drank three cups of coffee at breakfast to bolster him up. He was so restless that he could scarcely await the hour of the examination and went in fifteen minutes early and sat fidgeting in his chair.

When the time came for the distribution of the question sheets he became aware of the fact that he was scared. He felt chilly all over, his forehead was covered with a cool sweat, his mouth was dry, and his heart seemed to beat at the rate of a thousand beats a minute. He thought to himself that one look at the questions would reassure him. "After all," he thought, "I know this stuff. There's nothing to be afraid of." But his panic continued—it grew worse. He felt as if he would faint. The room was swirling and seemed insufferably hot. There was only one thing to do before he made a public scene. He rose from his seat, and without a word of explanation to his astonished instructor he left the room and did not return.

This illustrates excess of fear reaction; it is conceivable that an examination should inspire some amount of fear, but it should not provoke a panic.

Usually Annette was as amiable as a June morning. She was celebrated, however, for occasional outbursts of rage which were reminiscent of a stormy December night. One curious thing about them was the insignificance of their provocation.

One of her sorority sisters had agreed to accompany her, one evening, to a movie, with two men friends. As the hour approached, her sister found herself almost disabled with a severe headache and suggested that she and her caller might remain at home while Annette and her man went to the movie alone.

The suggestion was not out of the girl's mouth a second before anyone who knew Annette knew what was to follow. Her face turned white, then very red; she clenched her fists, she pounded her heels into the floor, she fairly foamed with fury. "That's the way you do, is it?" she hurled at the astonished sister; "you try to ditch me, do you? You frame up something and then crawl out of it, do you? I might have known it. Someone said you were yellow. You're pretending to have a headache and you're just a damned quitter, that's what you are . . ."

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[29] This numeral refers to Figure 9, p. 163.

[30] See also Figures 10 and 12, p. 185.

And so on, for half an hour, at the end of which time her hair and clothes were in disarray, her face was stained with sweat and tears, her eyes bloodshot. The victim of the outburst had, in the mean time, quietly retreated to her room, and two impatient and puzzled gentlemen waited below.

Obviously the excess of anger was out of all proportion to the stimulus.

Bill Boardman was serious-minded. For this reason many of the students avoided him. "He's a nice fellow, and smart, but he'd crab the party," they said. "He'd rather read or talk religion or go hiking." But these same traits attracted certain other friends, and, on the whole, Bill could be called popular. He was the son of a successful doctor and had plenty of spending money. He bought all the new books and was generous about lending them. He got A's and B's in all his studies and was on the track squad and in the dramatic club.

But in spite of all this, Bill was subject to fits of unhappiness. He would leave the company of his friends and return to his room alone; he would try to read for a while, but soon there was nothing to do but stare out of the window and think. "I don't know what I sit there thinking about—just a few repetitious thoughts about what a failure I am and no good and a disappointment to mother, and what's the use—and then the same things over again. Blue as midnight I get. No friends—don't want any. No interests, no hopes. After a while it goes away and I'm all right again." Sadness, which we all experience, may be experienced in excess as melancholy, depression—such as this.

(Newspaper clipping)

"One of the allegations in the divorce suit filed in the district court yesterday by Mrs. Stella Wendt against Fred Wendt, Jr., of Tecumseh, was that her husband has an ungovernable temper. He killed a horse a few weeks ago while in a fit of temper and she was obliged to pay for it, the petition said. He also has called her vile names and struck her and their children, she said.

She obtained a temporary restraining order enjoining him from molesting her. They were married June 28, 1911."

—Topeka *State Journal*, Oct. 27, 1926.

These are examples of emotional excesses which are all familiar in everyday life. They are all related to subsurface mechanisms which are not visible to the naked eye of the passer-by, not visible or known even to the victim. This is the reason that the apparent cause or provocation of the attack is often so trivial, or even lacking altogether. It is there, but it is hidden.[31]

The man who became overwhelmed at the chemistry examination was reliving a childhood situation in which fear had been instilled into him by an over-anxious, fear-ridden mother, who robbed her son of his self-confidence. Or it may have been a hard-boiled, blustering, storming father, well-meaning, perhaps, but intimidating. Some parents intimidate by silent disapproval, others by example, and still others by attack. Fears are educated into us, and can, if we wish, be educated out.

Similarly, temper tantrums are infantile reactions carried over into adolescence or adult life. Originally they served as a means of obtaining an objective; later they are retained, not so much because of the minor objectives, which they may or may not obtain, but because they have become emotional habits or patterns.

Usually this is complicated by the fact that the unconscious plays many tricks on the unhappy possessor of such habits. The objects of the anger may be switched so that the victims may be quite innocent. We may all observe this in ourselves in such circumstances as this, for example: We are driving carelessly, engrossed in meditation. Another motorist drives across in front of us. It is his right of way, but he took a risk. The risk seems to us terrible.

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[31] For a tragic example of emotional excess (chagrin, anger, hate) from relatively trivial external stimuli, the extraordinary case of Mr. and Mrs. John G. Bennett of Kansas City is almost unparalleled. According to the newspaper accounts, on September 19, 1929 the Bennetts had lunched and golfed with friends and in the evening had commenced a bridge game with them at a cent a point. The Bennetts were a little the losers; there had been some rather bad playing and hard words between husband and wife. Then came a deal of hands upon which Bennett opened with a one-spade bid, which Mrs. Bennett raised to four spades, laying down for dummy a very good hand, with which, however, Bennett failed to make the bid. "You're sure a bum bridge-player," snarled his wife. This provoked a retort, and there were more hard words, reaching a climax when Mr. Bennett rose and slapped his wife's face several times. Mrs. Bennett flushed crimson. "Only a dirty cur would strike a woman in the face in the presence of friends," she said. Then she rose, walked to the bedroom, obtained a revolver, returned to the living-room, and fired three shots, killing her husband on the spot.

(Information taken from the Kansas City *Journal-Post* and the Kansas City *Star* of September 30, 1929.)

We get wrought up at thinking how careless he was—what wretched driving he was doing! It ought not to be permitted. Fellows like that are the cause of automobile deaths! The longer we think about it, the madder we get, venting our anger on the man with the mote in his eye instead of ourselves with a beam in ours.

Civilization and evolution have greatly diminished the opportunities for the exhibition of anger. Social weal requires that it be suppressed—released only in righteous causes as "indignation." This permits occasional terrible outbursts such as the Salem witchcraft persecution, the mobbing of Negroes in the South, the hounding of the "Reds," the storm of hate against Hickman, and so on. It finds its grandest outlets in war, with its vilification and murder of the enemy, and in the abuse of social offenders (criminals). Those who believe that war can never be abolished justify this belief on the assumption that it is impossible wholly to suppress primitive emotional anger reactions. How evanescent they are is cleverly indicated in the following editorial from the *Nation* (February 15, 1928):

"*What's this? What's this?* A great American assembly in New York City rising to its feet and cheering to the echo—a German? All standing with hats off while the band played 'Die Wacht am Rhein'? Where was the American Legion, and where were the Daughters of the American Revolution, and the American Defense Society, and Elon H. Hooker, and Solomon Stanwood Menken, and all our other Hun-eaters? This man whom the Americans cheered was a representative of the 'baby-killers,' a member of that Teutonic tribe which every Liberty-loan orator ten years ago declared should be wiped off the face of the earth as unfit for association with human beings. Facts are facts, and here it must be recorded that on the shameful second of February, 1928, fifteen thousand Americans in Madison Square Garden enthusiastically cheered Dr. Otto Peltzer, the German runner, when he won his first American race, and then unitedly stood to the strains of a German anthem the public singing of which would have landed any American in jail ten years ago. We know, of course, that Dr. Peltzer won a most grueling race under every possible disadvantage, against a field of nine, on a track which he had not known, with only an hour's notice that he was eligible, and that the American crowd's enthusiasm was the tribute of lovers of sport to a magnificent athlete. But where were the patriots?"

The control of anger—that is, the preventing of wasteful emotional discharge in this form—is one of the aims and accomplishments of civilization. That this depends organically upon the development of the highest centres of the brain is prettily illustrated by the fact that these most highly developed are also the most vulnerable nerve-cells, and hence if they are injured, anger is a common symptom; irascibility and irritability are characteristic. Such symptoms appear in brain-injury due to syphilis, alcohol (everyone knows how some individuals become bellicose when drunk), brain tumour, apoplexy, and similar diseases. The most vivid examples occur in (1) hardening of the arteries of the brain, which starves to death the more vulnerable brain-cells; (2) brain syphilis, and (3) epilepsy.

In arteriosclerosis:

I had a patient once, a merchant who had always been an amiable Babbitt, who began to have such terrible outbursts of temper that he drove many of his customers away from his store. He would become angry over the merest trifles and get red in the face, stamp his feet, beat his fists on the table or against the wall, shout and curse, and actually tear his hair.

His friends avoided him as if he had had the smallpox, for none of them cared to risk being the object of one of his attacks. He tried hard to control himself and be polite and pleasant, but it was evident that he was ready to explode at any minute. And explode he did, many times every day and night. His wife and children were puzzled and intimidated by his great irritability. He found fault with everything they did or said, ranted and raved, smashed dishes and furniture, and threatened to kill his family and himself. This is a typical example of the manifestations of arteriosclerosis, or hardening of the arteries, involving the brain.

In epilepsy:

A soldier awoke one morning feeling "down and out"; he could not exactly describe his feeling, but he asked permission to go on sick-call. While he was standing in line waiting for his turn to see the doctor, he fell over and was unconscious for five hours. When he roused he was in bed in the hospital. Aside from feeling light-headed, he said he noticed nothing else. He was in the hospital for ten weeks. He had attacks like that nearly every day; on some days two or three attacks a day, lasting from a minute or two to half an hour. They usually came on at night, but occasionally during the day. He bit his tongue during such spells and frothed at the mouth.

One night he was lying apparently asleep, but suddenly got up and demanded to be let out. He pounded on the door with his fists, then piled up all the pictures, covers, chairs, and rugs in the middle of the floor and became very violent and threatening. He was finally persuaded to go to bed, and the next morning could remember nothing of the demonstration.

Thereafter the attacks, instead of being the ordinary convulsions or faints of epilepsy, consisted in sudden violent anger, usually without cause. He would become furious, throw the furniture, knives, clothes, or anything he could get his hands on, frightening his comrades and family nearly out of their wits. A few hours later he would be quite calm and deny any knowledge of the affair.

MOODS

Excesses of elation and depression—either as prevailing moods or as immediate feeling reactions—are essentially reciprocal—that is, one is the antithesis of the other, or closely related to it.

Unlike fearfulness, which is a matter of education, or rage, which is usually a bad habit or else due to structural brain injury, the tendency to elation and depression is apparently inborn and "constitutional." Hence their association with the word "temperamental" as applied to musicians, poets, and artists.

A study of temperament or mood would indicate that these are two pillars between which the pendulum of human emotion swings back and forth. The figure is imperfect, however, because such regular oscillations are not the rule. There are many varieties of mood variation, best shown by diagrams.

Clinical experience has shown, however, that temperamental trends considerably modify this curve. There are those, for example, who in spite of innumerable set-backs, disappointments, and causes for anxiety describe an emotional curve which tends to be "above the line," as shown in Figure 14.

To match this type, however, there are those constitutionally or habitually depressed, as represented in Figure 15.

Another type consists in more or less regular alternations of mood, from which this personality type gets its name. This is diagrammatically represented in Figure 16.

In their augmented forms, excesses of emotional swings are clearly recognizable as psychiatric cases requiring hospital treatment (melancholia and mania).[32]

Excessive Volition (8)[33]

Excess in the function of resolving the mental process into action may appear in various forms.

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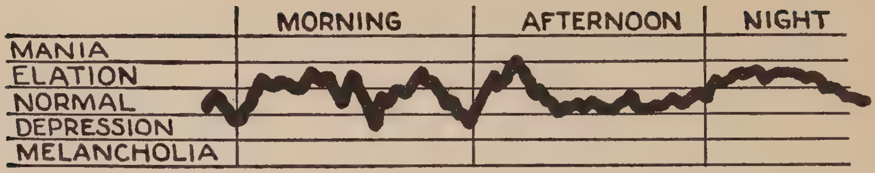
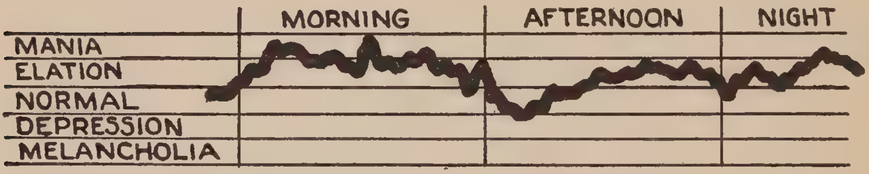
[32] See Chapter II, under Moody Personalities.

[33] This numeral refers to Figure 9, p. 163.



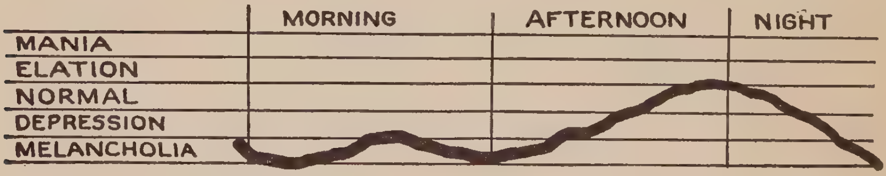
EMOTIONAL RANGE OF AN AVERAGE "NORMAL" INDIVIDUAL ON AN AVERAGE DAY

FIG. 13



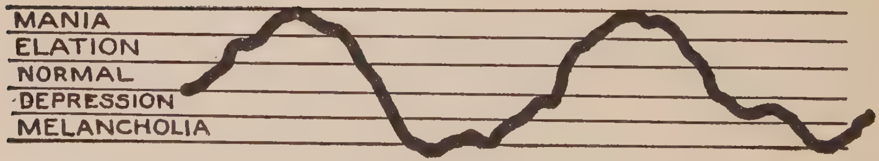
GRAPH SHOWING EMOTIONAL EXCESS (ELATION)

FIG. 14



GRAPH SHOWING EMOTIONAL EXCESS (DEPRESSION)

FIG. 15



GRAPH SHOWING ALTERNATIONS OF PHASE IN EMOTIONAL EXCESS

FIG. 16

Over-impulsiveness—sudden erratic bursts of activity

Most of the time Mayme Wilson preserved the even tenor of her ways. No one knew, however, when a notion would strike her. When it struck, something happened. Everyone knew when Mayme had a new inspiration. The college had almost to stand still and let her and her cohorts sweep by. This thing or that, whatever it was, must be done, done at all costs, and done immediately. She would suddenly take to art and stay up all night studying it; next it would be a little-theatre play; now a special intimacy with the dean of women; now a wonderful new "date."

A sweet, demure patient of twenty-three was sitting on her bed in the hospital sipping iced lemonade with a friend—another patient. Suddenly, without the slightest warning, she hurled the glass, which was half full, straight at the visitor's head. The astonished guest dodged and dropped her glass. Our lady quietly picked it up and hurled it, too, at her friend, and then she resumed her seat on the bed and went on quietly talking of the difficulties of cross-stitch.

Excessive determination

We are all familiar with the positively determined individuals who must have their way in spite of hell and high water. A certain idea will occur to them, a certain method, a certain objective, and no obstacle seems great enough to daunt them, no argument powerful enough to dissuade them. Sometimes they pursue worthy and commendable ends by worthy and commendable methods, but they are just as frequently set and determined to accomplish something useless or to utilize other than the best possible method. Sorrell senior in Deeping's *Sorrell and Son* doggedly persisted in his purpose to advance his son, and in a very similar way Mamba in Heyward's *Mamba's Daughters* was invincible. We all know students who plough their way through college in the face of almost superhuman difficulties.

Usually such individuals are of superior endowment, but not all of them. Sometimes they have nothing but determination. Such an individual as this with a less worthy aim can cause lots of trouble. Only a few of them become John Browns, Jeanne d'Arcs, and Florence Nightingales.

Stubbornness and resistance to suggestion (i.e., negative determination)

John had no interests, no friends, no enemies, no likes, and no dislikes. He had no plans for the future, but was taking a medical course at college because his parents advised it. He never had social engagements, and admitted that he preferred his own company to that of anyone else. In vain he was urged to cultivate some acquaintances, to go to parties, to join the college glee-club, and to make other social contacts. He didn't argue about it, but he was immovable. Nothing any of his teachers or the dean of the college or the college psychiatrist or his parents could say affected him in the least. He told them that they could not change him and that they might as well drop the case—he was not interested in changing and was satisfied with himself as he was.

Old Mrs. Gilbert sat quietly in a chair at the sanitarium, doing nothing, wanting only to be left alone. But let anyone try to get her to eat or to go for a walk or to go to bed and she would begin protesting loudly, absolutely refusing to do whatever was asked of her. For months at a time it would be necessary to feed her by means of a stomach tube, and she was forcibly undressed and put to bed at night. True, if the nurses could fool her into thinking that they didn't want her to do something, she was only too ready to do it. If they left food near her and warned her not to eat it, she ate it as soon as they were out of sight. If they told her that under no circumstances would she be allowed to go to bed, she stealthily undressed and crawled into bed. But unless tricked or forced into doing something, she would sit in her chair day after day, disturbing no one. *(Negativism)*

(Newspaper clipping)

> "THIRTY-EIGHT YEARS IN BED
> Iowa Woman 'Retired' After Tilt with Father-in-law
> After Long Voluntary Observance of Vow Never to
> Get Up, Mrs. Wickham Now is Unable to Arise
> Because of Paralysis.
>
> "Thirty-eight years ago Mrs. Alexander Wickham of Tipton, Iowa, 'got mad' and went to bed.
>
> "'I'm never, never, never going to get up again,' she declared.
>
> "A little while ago she changed her mind and attempted to get out of bed and walk. But she found she was paralyzed from her waist down.
>
> "Mrs. Wickham was a young wife when she went to bed. She is a white-haired woman now. She is rich, but she gets little enjoyment

from her money. It keeps her out of the poorhouse. It permits her to employ a woman to look after her few wants and to remain in the room with her, and that's about all.

SHE KEPT HER WORD

"One morning Mrs. Wickham was cutting bacon for breakfast. She and her father-in-law were quarreling.

"Old man Wickham made some remark she resented.

"She laid down her butcher knife and started for the door.

" 'Where you going?' her husband asked.

" 'I'm going to bed, and I'm never, never, never going to get up again,' answered the wife as she walked into her room and slammed the door.

"She stayed in bed all that day. Her husband, thinking to humor her, brought her meals. The next morning she refused to get up. Again the husband brought her meals. The third day was a repetition of the first and second. So were the fourth and the fifth and the sixth.

" 'She'll get over it,' said the neighbors when they heard of what was going on over at the Wickham farm.

YEARS OF READING

"Mrs. Wickham spent her time reading books and writing poetry. After thirty-eight years of such reading she is undoubtedly the best read woman in Iowa.

"Neighbors came to see her after she took to her bed. But she refused to see them. Gradually these visits ceased and she was let severely alone.

"Her husband called a doctor.

" 'There's nothing the matter with her,' said the physician. 'She can get up whenever she wants to.' But she didn't want to.

"Specialists from Des Moines were brought in. They could find nothing wrong with the woman.

" 'Get her to say she will get up and she will be all right,' they said. But her husband couldn't get her to want to leave her bed.

"The village grew into a good sized town. A railroad was built through the place. Mrs. Wickham could hear the whistle of the locomotives as they passed near her house. But she couldn't see them. Her room was on the opposite side of the house, and she refused to leave her bed and go to the window.

"When the telephone exchange was set up in Tipton, the Wickhams had a telephone installed. Mrs. Wickham never saw it. It was in another room.

"Styles in clothes did not interest her. She didn't wear any clothes, except her nightdress.

WEALTH USELESS TO HER

"Tipton grew until it almost inclosed the Wickham farm. The farm became very valuable. When the father-in-law died, her husband became sole owner of the place. But he gave up farming and went to raising collie dogs so he could be at home all the time and could look after his wife.

"Two years ago the husband, worn out with thirty-six years of constant waiting on his wife, died. Mrs. Wickham went to the funeral. But she had to be carried. She could not walk.

"But she does not express a single regret over her wasted life." The newspapers announced Mrs. Wickham's death April 2, 1930, aged 75.

—Minneapolis *Journal,* April 3, 1922

General over-activity—pressure of activity

Elizabeth is constantly bustling and hustling about, enthusiastic and chattering, taking part in a score of college activities, and helping to plan a dozen more. She wastes vast energy and accomplishes much, but fails to finish much that she starts. She can't sit still. "I just must be doing something," she says. The girls envy her energy, deplore her inefficiency, laugh at her bluster, and love her for her good nature.

Extreme hyperactivity which gets beyond the individual's control is not uncommon. In mild degrees it is seen in a constitutional personality type—the town busybody, the "life of the party," cheer-leaders, etc. But the same symptoms may develop in a previously quiet nature and reach great extremes.

Henry was a peaceable, retiring lad, not given to much talking or social mixing. He began to attract attention in the office where he worked by an unusual restlessness and talkativeness. He went about giving unsolicited advice to various of his supervisors; he laughed and joked familiarly with strangers, used rather questionable language, and became increasingly boisterous. Finally he neglected his work entirely in favour of a continuous talkfest, planning all sorts of things, ordering supplies, and giving commands, right and left. His employers, at first indulgent, became angry, not realizing that he was mentally ill. They discharged him, but he refused to leave and the police were called. This excited his amusement to a maximal pitch—he laughed, dived under tables, and finally slipped down the steps and down the street, the police in full pursuit. When captured, he went willingly with them, and after a brief period of treatment resumed his former position, completely himself again.

An example of the extremity of this compulsive over-activity, and the way in which it may be misunderstood:

A pretty young school-teacher went home for the Christmas holidays. As she got off the train she was observed to be talking and laughing excessively. "Hello, everybody," she cried, "I can hardly wait to tell you everything that's happened to me. How's everyone? How are you, Mother—I've been worried about Father. I went to Columbus last Sunday and saw a man that reminded me of Father, riding on a bus, and I haven't been able to get it out of my mind. Oh, yes, have you ever been in a bird-store? I want to tell you . . ." and so she continued, far into the night.

The next morning she flitted into breakfast with "Oh, good morning! What a lovely day! How I love snow! Mother, you don't look well, eat this extra egg! My, how good it is to be back again. I feel like a lost kitten just getting home. Oh! that reminds me I ought to feed Towser." At this she flew off to give the dog a piece of meat, forgot what she had gone for, and began making a snow man. Then she remembered that she had not finished her breakfast. Back at the table, still talking, she took a few bites between sentences and then ran off to see whether the paper had come. On the way she remembered that she had not made her bed, but, going upstairs, she noticed a broom and went downstairs to sweep. Her attention was soon distracted by something else, and she did not finish the work. Thus it went on all day and half the night.

The next day it was the same, and the next and the next. Finally her parents became so alarmed that they took her to a physician, who referred them to a psychiatrist. He told them that she would probably recover shortly from this very typical and familiar type of illness (mania; see pages 100, 195) and advised them to place her in a hospital. This they did not choose to do.

About a month later the newspapers carried a story of an osteopath's completely curing a girl of "talking sickness, a disease almost unknown in America," by a series of manipulations. Later her parents wrote that the osteopath had "plainly worked a miracle; she is her sweet, quiet self again." A few months later they wrote another letter which said that she had finally been cured by a chiropractor; some weeks after that she was again brought to the psychiatric clinic, as disturbed and disturbing as ever.

CONDITIONS OF DISTORTION

A piston-rod may be too short, my garage man says, or it may be too long. And then again it may be bent, or broken, or displaced. This analogy is valid here. Thus far we have been considering quantitative variations in the various mental processes. Now we pass from excesses and deficiencies to qualitative variations—that is, distortions.

If my friend calls my name and I, being deaf, don't hear it—that, as we have seen, is a perceptual defect, which is one kind of a handicap.

If he calls my name and I am not feeling well, a little tired or a little "nervous," and his voice startles and disturbs me, and seems too loud, that is (as we have also seen) a perceptual excess.

But if he calls me and I understand him wrongly, if I think he has called my brother, or if I think he has called me a liar, or if I think he is speaking French, or if I do not recognize the voice to have been his at all, but think it perhaps the crack of a revolver or the crowing of a rooster—these are not deficiencies and not excesses. They are shifts in the accepted value and meaning of the thing, not in its quantity. They are *distortions* of perception.

These we shall now consider, and then, *seriatim,* distortions of thinking, distortions of emotion, and distortions of what we have called volition. In the main, these make up the more common important and significant symptoms of broken minds.

Distorted Perception (9)[34]

There are three principal forms of perceptual distortion: (1) illusions, (2) hallucinations, (3) disorientation. The first two will be considered together; the third separately.

I. ILLUSIONS AND HALLUCINATIONS

Everyone knew old Mrs. Berry. She wasn't so old—she had lived sixty-seven years, but she was as agile as a cat and took the best of care of her husband

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[34] This numeral refers to Figure 9, p. 163.

Joe, with whom she lived quietly in a little village in the farm country which had been her homeland for forty years. She was present at all of the funerals and most of the births in the township, and occasionally she travelled many miles to sit with old friends who were ill or in trouble.

One evening, as she and her husband were sitting before the fire, her husband smoking and she knitting, she suddenly rose and went to the front door and opened it. She looked out, uttered an exclamation of surprise, closed the door, and resumed her seat. "I guess I was mistaken," she said.

A little later she repeated the performance, looking rather puzzled and remarking to her husband: "I was just sure I heard someone knocking at that door." "You imagined it," said he, and dozed off again.

But it was only a few minutes until Mother Berry straightened up quickly and exclaimed: "There, Joe, don't you hear it? I was sure I did, and now I know I did. Go and see who it is playing a trick on us." But old Joe was no more successful than his wife had been. "I tell you I don't hear nothin' and you don't either—it's the wind if it's anything, and probably you just imagine it. Let's go to bed."

To bed they went, but not to sleep. Time after time Mrs. Berry would insist that someone was to be heard knocking at the door, and time after time she would clamber out of bed and go and look.

Night after night this was repeated. It was not long before she glimpsed her tormentors. As she would fling open the door she was sure she caught sight of human figures hastily disappearing round the corner or down the street. She could never convince her husband of this, try as she might. "If you'd move right smart and look quick, Joe, you couldn't help but see 'em. And I think you ought to have a stop put to it. It's pretty poor of you to sit by and let folks torment us that way."

But Joe couldn't be moved, and the torments went on. Mrs. Berry became certain that she heard jeering laughter as she opened the door, and once she thought she heard someone speak her name, together with fragments of a sentence which she couldn't quite catch. Night after night she ran to the door over and over again.

Nor were her tormentors then content. One day at lunch the old lady suddenly dashed from the table and emptied her mouth of a spoonful of soup. Tears sprang to her eyes. "To think they have even attempted to poison me. There is surely strychnine in that soup. Joe, you must not eat another drop! Such a bitterness! It is the work of the Devil or his agents."

And so it went, with one thing after another. Vile odours and pungent gases were released in her room. Even the flowers in her garden were doctored so that the rose gave off an odour of garlic, and the tulips smelled of dead flesh. Her furniture was disarranged, her bed linen molested, her clean clothes soiled.

Thus it continued for months; at times her molesters would cease for a brief respite, but soon they would begin their tricks again. Her husband shook his head in perplexity and despair; for a time he had believed his wife's explanations, but with the accumulating evidences of their incredibility, he could only doubt the integrity of her mind. And his grief and anxiety rendered him helpless.

Finally old Mrs. Berry suffered the last straw. She began to feel distinctly the nudges and kicks and slaps of unseen limbs; she was even pinched and tickled and tweaked. She would find and demonstrate to her incredulous friends the black and blue marks that such treatment had left upon her. If her friends would seem to have difficulty in seeing the bruise, she would become indignant with them and turn away in tears.

This case is presented to illustrate the occurrence of perceptual distortions of several kinds. Perceptual distortions are known as *illusions* and *hallucinations*. Where there is an actual object of perception which is misconceived, such as old Mrs. Berry's thinking the wind to be a voice, the misinterpretation is called an illusion. Where there is no object at all, so far as the outside world is concerned, the false perception is called an hallucination.

Illusions are, of course, common. All of us experience many illusions every day. Of some of them we are aware; for example, we have come to know that the sun's rising and setting is an illusion. Others we correct from time to time; for example, we mistake Mr. Brown for Mr. Smith, or we interpret Mrs. Smith's attempt to smile sweetly as a sneer.

A great many illusions are never corrected by the average individual; one of the functions of education is to point out some of the common ones and to teach students the technique of correcting them themselves. Unfortunately the existing educational system perpetuates almost as many as it destroys.

Hallucinations, on the other hand, are rare in everyday life. Most individuals have never experienced them, although twenty out of one of my classes of two hundred students claim to have done so. Usually, however, they indicate rather serious mental ill health, dependent on an injury to the brain.

George Henry was a well-known coloured barber in Boston. To the consternation of his friends and to the amusement of great numbers of passers-by, he was seen streaking down Tremont Street one winter day minus shoes and socks, hat and coat. Reaching a telephone pole near the Common, he clambered up it as if pursued by wild beasts. He climbed clear to the top and hung on to the cross-bars, where he could be seen trembling and shivering. The police, looking in vain for a pursuer, exhorted and then ordered him to come down, without any effect. Finally linemen were called and they laboriously climbed the pole which George had mounted so nimbly, and forcibly brought him to the ground. He seemed immensely relieved to be surrounded by policemen, and explained volubly that he was being pursued by ten million little black automobiles, fifty thousand cockroaches, and seventeen red elephants. He still shivered and shook despite copious sweating, and it was easy to see that he was in a serious physical condition.

This case represents typical hallucinations of the *visual* type, as seen in the formerly familiar alcoholic mental disease *delirium tremens.*

Another kind of alcoholic mental sickness is characterized by the existence of *auditory* hallucinations only, and these occur quietly and fearfully and persistently in a patient who is usually quite free from evidences of physical sickness. To wit:

One of my patients was sitting at his desk when he distinctly heard (as he thought) the voices of two men in an adjoining room completing plans for murdering and robbing him. He nearly swooned with fright, but climbed out a window and went down the fire escape, to seek safety. He was about to give himself over to a sense of security and relief as he neared his home, when from behind some bushes he caught the words: ". . . as he goes into the house, and drag the body into the alley and no one will—" Again he was petrified with fear, but, thinking to elude the plotters, jumped into a taxi and hurried to the police station to get assistance. While waiting for the officers, however, he was sure that he heard a muffled voice from somewhere near him say: ". . . get him yet."

The following case illustrates the much less frequent *tactile* hallucinations.

Maggie Benton was an old lady of sweet demeanour, who began to spend many hours a day brushing her body with a stiff brush, and picking, scratching, rubbing, and polishing her skin. She insisted that she was distinctly conscious of being covered with vermin; at first she said it was lice, but later she would hold up long (imaginary) wire-worms, and then ropy, snake-like worms, many feet long. These she would calmly strip and pick from her skin into a bowl, insisting that those who denied seeing anything in the bowl were purposely blind. "And you need not call me crazy," she would say, "because you all know that I'm pretty spry for my age and can remember everything of importance that has ever happened to me. I've proved that to you by writing it all out. And none of you can equal it." Which was true.

Both illusions and hallucinations may be classified in various ways, but to no great advantage. Obviously there are illusions and hallucinations involving each of the various senses—auditory, visual, tactile, gustatory, involving a sense of pain, olfactory, kinæsthetic, sexual, and so on. The most common are auditory and visual; voices are heard, familiar or unfamiliar, coming from within the body or without, saying sense or nonsense. Sometimes the voice may repeat to the patient his own thoughts. Visual hallucinations may be of persons or things or animals, or fabricated symbols, gods, devils, or spirits. Hallucinations of taste and smell are usually disagreeable—poison is tasted in the food, foul gas is smelled in the room, etc. Painful pricks and proddings, stabs and shocks may be felt. The patient may feel as if he were flying through the air, or being dragged, or pressed down upon, raped or mutilated, and so forth.

Because hallucinatory experiences may be suggested to susceptible individuals, and because illusions may be favoured by mechanical and sometimes automatic tricks, and because to supposed supernatural phenomena great import is attributed, the study of miracles, spiritualistic seances, "thought-transference," and the like reveals many examples of both illusions and hallucinations, but particularly illusions deliberately produced by someone with ulterior motives. Houdini exploded and exposed many of these with consummate genius.

2. DISORIENTATION

Examine the following illustrations:

An Irishman about three sheets to the wind was on his way home. It was after midnight, and as he crossed a bridge he saw the reflection of the moon on the water. He stopped and was gazing into the water when a policeman approached from the opposite direction. The Irishman, addressing the policeman, said:

"Phwat's the matter down there?"

"Why, that's the moon," replied the policeman.

"Well, how in the deuce did I get up here?" asked Pat.

Mr. and Mrs. Lochinvar Brandenburg marched in stately fashion from their front door to the waiting car and were driven to the home of the Gregory Smiths. It was four o'clock in the afternoon, and they were in formal afternoon dress. Mr. Brandenburg was to officiate at the wedding.

To their astonishment there seemed to be no preparations. Their hostess was not even at home. They looked at each other and gasped. "Something terrible has happened," they said.

All that had happened was that they were twenty-four hours too early. Both had been under the impression that it was the appointed day.

George Brown was a sophomore. He took everything but his school-work seriously. He lounged into his history class one morning just as it was beginning. He dropped into a rear seat as usual and gave perfunctory attention.

After the class the instructor approached him and inquired as to the reason for his presence. It was only then that George realized that he had been in room 317 instead of room 417, as he had supposed.

In the city in which I live there are three men, supposed to look something alike—a musician, a banker, and myself. About three years ago an acquaintance of mine chanced to sit beside me at luncheon at a club to which we all belonged, and for nearly half an hour I listened to a criticism of my concert series. After luncheon I mentioned this to my musician double and he laughed, saying: "That's better than being bored by a financial discussion, as I was." During the week I was telling the story to our banker, and he met it by declaring that he had thrice that week been hailed as "Doctor."

These are examples of *disorientation*, which is a disturbance of perception resulting in misunderstanding of our relation to the environment. It is commonly classified as spatial, temporal, and personal disorientation, each type being illustrated above by an example from everyday life.

We are all more or less disoriented in all these three spheres all the time. No one knows exactly who he is or where he is in the universe, and all time notions are relative. No student wholly appreciates his allocation—he knows he is in a place called school, and geometry is scheduled at nine o'clock, and he sits next to Fred Crane; but this is only a nominal orientation. It is only the name of Fred Crane that he recognizes—he knows really very little of Fred Crane. What the school is, what it is between him and the world, he grasps very imperfectly. Just what nine o'clock means is a problem for Einsteins and Russells. But after a fashion he *is* oriented, and the rest of his life will be spent in an effort to be better oriented. It is a truism that we never really know even our best friends. Henry L. Mencken once told me that he was most impressed at Hollywood by the fact that the actors know and sadly regret that, in spite of their fame, no one really knows them. It is only their names and faces and miming that the world knows, and they, like all of us, want to be known, not extensively, but intensively. They should be content; it might be a pathetic disillusioning for both.

The failure to see the woods for the trees is a familiar kind of disorientation. "All is not gold that glitters," and "The race is not always to the swift," and many other adages pertain to disorientation dependent on illusions. In a sense, disorientation and illusions are interdependent.

Clinically, disorientation results from many causes and is seen in many conditions. The common sorts are associated with distractions of attention, repressed memories, and defects of perception. In more seriously sick individuals disorientation is associated with three general conditions:

a. *Disorientation in delirium* (acute brain-injuries resulting in dissociations).

Mr. Marks was a sedate, middle-aged banker. He contracted influenza and was very severely ill for several weeks. During the height of his fever he was almost continuously delirious. He seemed to think he was on a railroad train, *en route* to New York. Occasionally he would make vigorous attempts to rise, declaring that the train had entered the Grand Central Terminal and they should all disembark and not delay the trainmen. He referred to McKinley and the World's Fair, and other indications showed that he thought it was 1898 instead of 1918. He called the doctors "porter."

b. *Disorientation from amnesia* (acute or chronic brain-injury, with loss of standards of comparison).

A personal friend of mine so considerably lost his memory that he could not recall my name, my occupation, my many contacts with him and his family; he could not be sure of the name of the city we live in or the day of the month or year. "I think it's Chicago, isn't it? About 1992?"

c. *Disorientation in delusional states* of various types in which the disorientation is dependent on and used by the disordered thinking.

To Miss Browning all Catholics and Masons were agents of the Devil. She was sure that they were groups of evil and conspiring men whose chief aim was to wreck the nation and destroy all good Christian Methodists, including, of course, herself. She had alarmed the neighbourhood by loud and fiery declamations on this subject, provoked by the unsuspecting iceman, who happened to be wearing a Knights of Columbus pin. So violent were her imprecations and denunciations of the Pope and his children that her husband was called to attempt to subdue her. In the end she was lodged for observation in a hospital for mental disease. "This is a jail, that's what it is," she'd say, "and a jail run by Catholics to pull off more dirty work. It's just like 'em. Nuns dressed up like nurses, priests pretending to be doctors, supposed patients all around spying and reporting—they can't fool me."

Morton Prince describes an interesting case.[35] "She was alert, absolutely alert; could talk and act and move, just like any one of us here. . . . She could laugh, joke, reason, answer questions, and converse like any one. . . .

"There was a complete loss of every form of sensation, with the exceptions I have mentioned [hearing, and possibly vision]. She could not taste, smell, or feel tactually. She had no kinesthetic sensations and no cœnesthesis. She had absolutely no perceptions of her body. . . .

"She described herself simply as *'thought in space.'* She did not know whether she was standing or sitting, or what part of the room she was in. It seemed to her as if she was just in space somewhere; that is, thought in space without any consciousness of body. She did not seem to herself to have a body. . . .

"If you told her to stand up, she stood up. Then she would say, 'Am I standing up?' When told to raise her hand, she did so. When asked 'Are you raising your hand?' the answer was, 'I don't know, am I?' 'Sit down.' 'Am I sitting down? I don't know.' In short, though in response to commands she moved and had complete control of her muscles and body, she did not know it, for she had no kinesthetic sensations, absolutely no sensation of her body, no organic sensations, nor anything else. As I have said, she was 'thought in space.'"

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[35] *Journal of Abnormal Psychology*, Vol. XVIII, no. 3, pp. 239–40.

Distorted Intellection (10)[36]

Thinking straight is a rarely attained and oft quoted ideal. But the severe distortions which serve us as illustrations of the symptoms of mental misfunctioning fall into a few categories:

1. Obsessions
2. Distortions of memory
3. Dissociations
4. Delusions.

Each of these will be successively considered.

I. OBSESSIONS

Two hundred senior students at the University of Michigan were asked: "Do you have, or have you had, any fixed ideas coming involuntarily and unsolicited and remaining in spite of efforts to get rid of them?" Twenty-five per cent of them answered in the affirmative.[37]

Two hundred freshman students at Washburn College were asked a similar question. Twenty-nine per cent answered in the affirmative.

What sort of ideas are these beggar-lice which attack nearly a fourth of us —of college students at any rate[38]—and can't be got rid of? Here are some examples—all in "normal" people, remember—from Professor Berry's classes and my own.

One student wrote: "Almost two years ago I persistently over-evaluated the importance of taking care that I did nothing which might in any way injure another. Every time I crossed a railroad track I had to go back several times to see if there were any spikes or stones on the track that might wreck the train. That crossing of tracks was real anguish. Sometimes I would close my eyes when crossing to avoid seeing anything I might imagine could do harm. For a time I could not pass even a stone in the street (I rode a bicycle) without stopping to kick it over to the curb, lest some other bicyclist fail to see it and come to grief."

Another student wrote: "When I was about eight years of age I had a fixed idea. I thought I was going to cut my throat from ear to ear with a certain large butcher-knife in my grandmother's kitchen. I couldn't throw off the idea. I was afraid to go near the knife. This persisted for about two weeks, then gradually wore off. When fatigued, certain combinations of words or letters recur again and again. Often I am wholly unaware of their origin. For instance, the words 'sy' and 'cip' have come to me over and over the last few days, and I am absolutely ignorant of where or when I heard or saw them. Often at night when very tired just before I fall asleep I read page after page of a large magazine in which there is absolutely no meaning—just a jumble of words. Yet I feel no irritation and my mind is absolutely satisfied with the jumble. I read down the columns, turn the pages and am aware of a half-tone illustration in the middle of the page but never see it distinctly."

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[36] This numeral refers to Figure 9, p. 163.

[37] C. S. Berry: "Obsessions of Normal Minds," *Journal of Abnormal Psychology*, Vol. XI, no. 1 (1916), pp. 19–20.

[38] It is probable that a much larger percentage of persons experience obsessions at one time or another. I should say fifty per cent was more nearly correct.

Another one: "For the past ten years I have repeatedly found myself when thoughtlessly scribbling, writing the name 'Claudius.' I have no idea why this is, but it certainly has stuck."

"I cannot," said a forty-nine-year-old patient of Pierre Janet's, "perform a single new activity without representing to myself that it is going to entail diabolical consequences. If I buy new shirts it seems as if I were preparing for the assassination of my two children. If I rent an apartment it is only in order that I may place under the big entrance door the coffin of my wife where it will rest very nicely; I have selected the apartment (it would seem) only because of the convenience which this entrance way presents for the coffin of my wife. If I open this book it is with the idea that I am preparing a cataclysm which will involve the whole city of Paris. All this frightens me so that I take back my recent purchase of shirts with the excuse that they do not fit; I give up the apartment, and I close the book." [39]

Another one confessed: "It seems that I am offending against ethics when I prepare the soup. . . . I am flaunting morality when I put on my dress. . . . I am always doing forbidden things. . . . This book must indeed be very immoral, since when I read it I always have the feeling that I am reading surreptitiously one of those books which I was forbidden to open at boarding school. Is it that I have not paid for my breakfast? For in eating it I have the impression of stealing something from poor people. . . . It is as if I were putting poison in the soup, pins in the bread, . . . putting loaded bombs in the chimney to blow up the house." [40]

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[39] Pierre Janet: "The Fear of Action," *Journal of Abnormal Psychology and Social Psychology*, Vol. XVI, no. 2 and 3 (June–September 1921), pp. 153–4.

[40] Ibid., p. 154.

The obsessions of patients are usually a little more elaborate and vivid than those of the ordinary healthy-minded person. Hence they make good illustrations.

"A man killed a fly which annoyed him by buzzing about the room. Hardly had he done so when there came to him the thought, accompanied by an intense feeling of horror and fear: 'My God, what if I should kill a *person* like that!' He was not conscious of ever having had a desire to kill any one; he was not really in fear that he ever would kill any one, but nevertheless the thought 'But wouldn't it be awful if I did?' stuck in his mind for months at a time and he was utterly unable to banish it."[41]

"A young married woman, who happened to be watching another woman who was seated at a window across the street, suddenly discovered that she could not get the thought of this other woman out of her mind. She *had* to think of her, she did not know why nor to what end, but she could not stop it. These thoughts, accompanied by a sense of apprehension and depression, persisted for the greater part of the time for four or more years."[42]

EXPLANATION AND INTERPRETATION OF OBSESSIONS

It was long surmised, even before the dawn of the modern era of psychopathology, that obsessions (as well as their sister manifestations, the phobias and compulsions) were substitutive phenomena; that is, that the persistent idea of "Did I turn off the gas, I wonder," replaces some other doubt or problem, such as "Should I confess this thing?" or "Shall I be blamed for that?" Sometimes these substitutions were discernible. It was easy to see, for example, that Lady Macbeth's hand-washing symbolized the cleansing of her hands from guilt rather than from mere blood. But most obsessions are more subtle and less easily interpreted. It was not until the development of Freudian psychopathology that anyone understood clearly how or why the substitution was made.

It is impossible adequately to explain obsessions without the postulation of an unconscious part of mental activity. An obsession is a relatively innocuous idea substituted for a painful one which has been pushed back into limbo, out of sight and recognition. The laws governing the choice of a substitute, laws of symbolic formation, of condensation or reversal, and others, will be dealt with in the next section of this book.

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[41] H. W. Frink: *Morbid Fears and Compulsions* (New York, Moffat, Yard and Company, 1918), p. 271.

[42] Ibid.

Phobias, similarly, are substituted emotional experiences; that is, the fear of thunder may disguise a deeper and older fear relating to some other terrible sound—profanity, obscenity, scolding, etc.

Compulsions, in the same way, are substituted *acts*. As compulsions are much more easily demonstrated and interpreted than obsessions, although similarly produced, further explanation will be deferred until those topics are reached.

2. DISTORTIONS OF MEMORY

Distortions of memory are called technically "paramnesia." There are three main types to be illustrated: (a) False memories; (b) *Déjà vu* phenomenon; (c) Mythomania.

a. *False Memories*

The following scene was enacted before a small class in psychology.[48]

"The regular work of the class was in progress, one of the young women being engaged in making a report on an investigation which she had made. . . . A few moments after the beginning of the report an altercation was heard in the corridor, then the door burst open and four students, two young men and two young women, dashed into the room. Miss R., immediately after entering, dropped a brown-paper package on the floor. This package contained a brick so that the occurrence might not be too inconspicuous. K. flourished a large yellow banana as though it were a pistol, and all struggled across the room to the side opposite the door. . . . [The instructor arose and] threw a small torpedo on the floor. . . . H. fell back, crying, 'I'm shot!' and was caught by Miss R. All then hurried out the open door, Miss T. picking up the brown-paper package which had been dropped near the door by Miss R. The entire scene occupied less than thirty seconds and it was startling to the class, all of whom jumped up and crowded back against the wall, believing that it was a real riot.

". . . Of the twenty-nine 'witnesses' only three knew that four persons dashed into the room. These three also realized that two were young men and two were women. To the others it was an indefinite number, to a few less than four, but to the majority more; some characterized them as 'a crowd' or 'a mob.' That only three actually observed the number was conclusively shown again when they tried to name and describe the participants. . . .

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[48] Edgar Swift: *Psychology and the Day's Work*, pp. 201–301.

"Though the four participants were well known to the class and no disguises were used, no one recognized all of them. The result so far as concerns recognition by the twenty-nine 'witnesses' is the following: 7 recognized 3; 11 recognized 2; 7 recognized 1; 4 recognized 0.

". . . Eight 'saw' persons who not only took no part in the performance, but who were either not present or who sat at a distance from the place where the scene was staged. . . .

"The descriptions of clothing were so general as to be worthless for purposes of identification. Only thirteen of the twenty-nine attempted any sort of description even of those whom they recognized. . . . Only two noticed a conspicuous red tie [worn by one of the men], and one 'saw' that his shoes were muddy and his face dirty, neither of which statements was true. . . .

"The indefiniteness and vagueness of these descriptions indicate a state of mind that makes a fertile soil for suggestions in the form of questions, newspaper reports, and innuendoes in court trials. . . . Examination and cross-examination . . . are in their very nature suggestive, and with soil so admirably prepared for the purpose, an abundant crop of imaginary pictures and scenes will be readily grown. . . .

"Several things done plainly in front of the witnesses were either not observed or were wrongly observed. Six saw one of the young women drop something and, of these, four noticed who did it. Only one of them, however, was able to describe the package as a brown-paper parcel, . . . but five of these said it was Miss T., while one thought it was H. This illustrates the tendency to fill in the outline memories. . . .

"Five heard or saw a pistol-shot. Three of the five saw the flash. 'I saw the blaze,' wrote one of the young men. 'I know some one fired a pistol because I saw the flash,' was the statement of a young woman. This, of course, was the result of suggestion. The yellow banana was flourished and then pointed at H. . . .

"Five of the reports did not contain an item of truth or fiction. These witnesses saw nothing except a mob bursting into the room, and confusion. Six others were unable to testify to anything more than the identity of one of the participants. To these, all else was a blank. . . .

"Identification is, of course, fundamental in criminal cases, and positive recognition by well-intentioned, uninterested persons is commonly accepted, unless the alibi is convincing. In our drama-experiment the observers were well acquainted with the participants, yet they were surprisingly incompetent as witnesses. Their minds were therefore prepared, had the affair involved a real crime, to recognize one against whom there might appear to be corroborative evidence. The 'witnesses' had little definite knowledge of what actually happened. Had a crime been committed their testimony would have been of slight value. Yet it would have been accepted because they were eye-witnesses."

It has been repeatedly shown that forced memory gives twenty-five per cent, or more, of errors—that is, false memories. This in *"normal"* persons! Few lawyers and judges have ever learned this.

False memories are characteristic of certain kinds of severe mental illness. One type is called *Korsakoff's syndrome.*

J. K., for example, had been acutely ill in bed for several weeks with a fever and a variable delirium.

"Good morning," I would say to him, "how are things going?"

"Just fine, thank you. I left the folks all well this morning and came over on the street-car because I had a blow-out last evening on the way home from the show."

"What did you do down town this morning?"

"Oh, I ran up to the office and saw Jim Hodgson and his foreman and went over to the bank a minute and did an errand for my wife at Macy's—you know, just an ordinary sort of morning. Oh, yes, a little unusual thing happened, too; I nearly forgot to mention it—I guess old Baker is about done for; he tried to keel over on us; I guess someone just pumped a little dope into him, I don't know. I ran over and called Dr. Rainey, but he couldn't do anything for him."

"What happened to him?"

"Oh, he died, I guess. They took him to the hospital and I've just been over there and they say he's low."

"I thought you said he died."

"Yes, he died. I'd better go by there again later and see how he is."

All this time the speaker was lying prostrate in a bed from which he had not moved for nearly a month.

b. *Déjà vu phenomenon—the illusion of false recognition.*

"Some one may be attending to what is going on or taking part in a conversation, when suddenly the conviction will come over him that he has already seen what he is now seeing, heard what he is now hearing, uttered the sentence he is uttering,—that he has already been here in this very place in which he now is, in the same circumstances, feeling, perceiving, thinking, and willing the same things, and, in fact, that he is living again, down to the minutest details, some moments of his past life. The illusion is sometimes so complete that at every moment whilst it lasts he thinks he is on the point of predicting what is going to happen; how should he not know it already, since he feels that he is about to have known it? It is by no means rare for the person under this illusion to perceive the external world under a peculiar aspect, as in a dream; he becomes a stranger to himself, ready to be his double, present as a simple spectator at what he is saying and doing. This 'depersonalization' is not identical with or necessarily a symptom of false recognition; it has, however, a certain relationship to it. Moreover, all the symptoms differ in degree. The illusion, instead of being a complete picture, may often present itself as a mere sketch. But, sketch or finished picture, it always bears its original character.

"There are on record many descriptions of false recognition. They resemble one another in a striking manner, and are often set forth in identical terms. I have in my possession the self-observation of a literary man, which he specially undertook for me. He was skilled in introspection, had never heard of the illusion of false recognition, and believed himself to be the only person to experience it. His description consists of some dozen sentences, all of which are met with, in almost identical words, in the published records of other cases. I congratulated myself at first that I had at least obtained a new expression of it, for the author tells me that what dominates the phenomenon is a feeling of 'inevitability,' a feeling that no power on earth could stop the words and acts about to come, from coming. But re-reading the cases recorded by M. Bernard-Leroy, I find in one of them an identical expression: 'I was a spectator of my own actions; they were inevitable.' Indeed, it is doubtful if there exists another illusion stereotyped with such precision." [44]

Here is one of my own cases who was worried over his experience to the point of coming to me about it:

One bright, brisk Sunday afternoon in November 1924 George Beyers, a successful insurance broker of forty, had taken his family out for a drive over near-by country roads. He turned into an unfamiliar lane leading to the river road and was remarking to his wife that he did not recall having ever traversed that particular road. She agreed with him that it was likely. Suddenly he experienced a curious feeling. It seemed as if the route were intimately familiar to him. Each bend in the road, each tree, the very stones and sticks before him, seemed like old acquaintances. He felt as if he could prophesy each new feature of the road before it appeared. Not only that, but he seemed to anticipate in his mind the words his wife and children were about to speak, and even his own remarks and gestures seemed predestined and inevitable. He felt as if he had been all through with it at some previous time, as if he were reliving an experience. The sensation shortly disappeared.

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[44] Henri Bergson: "*Le Souvenir du présent et la fausse reconnaissance* (Memory of the Present and False Recognition)," *Revue philosophique*, December 1908, pp. 561–2.

c. *Mythomania*

"Remembering" things that are not so—this is a kind of memory distortion, and it goes by several names, such as *pathological lying* and *mythomania.* It differs from ordinary lying in that the speaker comes to believe his own lies and seems unable to tell the truth.

A girl of sixteen, decidedly attractive, and capable of earning a fair living, was examined by Dr. Healy in the juvenile court in Chicago. "She first came to notice after much newspaper notoriety. During the course of revival meetings, at one session of which the scarlet woman was the subject of discussion, she became much excited, and went to her Sunday School teacher, and with her to the pastor, and gave a most circumstantial account of her own life as a clandestine prostitute. She gave times and places with apparent accuracy. On the strength of all this detectives set about making a raid upon the secret centers of vice which she named. At the time of the raid she went with the detectives to show them the previously described entrance to a certain house. When they got to this alleged place, it seems to have suddenly vanished, and the girl could not substantiate her story in the slightest detail. . . .

"Up to this time, by the girl's wishes, the information had been given unknown to the step-mother. The girl was detained in the station as the result of her self-accusation, and when the family appeared it was stated that, notwithstanding her story, she had never been away from home a single evening or night. There was not the slightest reason to believe she had ever been unchaste. It was her first stories as told to the police which got into the newspapers. The family said she came home from the evangelistic meeting, where conditions in the New York slums had been described, in a very hysterical state, and it appeared she had very soon afterward gone to these other people and made astonishing confessions about her own life. Her family stated that her memory was very peculiar. At one time she might repeat much of a long sermon she had just heard, and at another time would seem to be very forgetful of recent events."[45]

Healy[46] also studied a college student, Marie M., bright mentally and strong physically, who "confessed" to several prominent people, including a college professor and a lawyer, that she had shot and killed a man. She said that a man had taken her in an automobile to a building where men carried revolvers, and girls were given hypodermic injections. Just as she had been about to receive the needle in her arm, she had reached for the man's revolver and had shot him in the back. The entire story was a fabrication.

Later she made other "confessions" even more fantastic and was finally dismissed from college.

Three times during 1927–8 Governor Young of California granted reprieves to an obscure, penniless Negro by the name of George Watters. Watters was accused of murdering his wife, and, chiefly on the testimony of his nine-year-old daughter, was tried, convicted, and sentenced to be hanged. The case was appealed to the supreme court, where the judgment was affirmed.

Careful study of the evidence by a psychiatrist, Dr. Anita M. Mühl, on behalf of the Governor, indicated that it was more than likely that not only did Watters not commit a murder, but that no murder was ever committed! No body was ever found and the alleged "deceased" was later seen on the streets of Los Angeles. The nine-year-old daughter, who was the chief witness, was found upon examination to be hysterical, hypersuggestible, very self-contradictory, and probably afflicted with mythomania.

3. DISTURBANCES OF ASSOCIATION

If the word "king" is submitted to a group of one thousand people who have been instructed to respond with the first word that occurs to them after hearing it, about three hundred fifty-four will be found to have thought of "queen," one hundred and fifty "ruler," fifty "monarch," fifty "crown," twenty "power," twenty "England," and some scores of various other words.

Similarly, if the word "dark" be submitted, the majority of persons (at least one-half) will respond with the word "light," and another large group will say "night."

These may be said to be normal associations to stimulus words. Some individuals, however, will respond at variance from any of the score or more of normal reactions. For example, to the word "dark," some may be found who will think of

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[45] William Healy: *The Individual Delinquent,* Case 168 (Boston; Little, Brown and Company, 1915).

[46] William Healy and Mary Tenney Healy: *Pathological Lying, Accusation, and Swindling* (Boston; Little, Brown and Company, 1915), p. 93-7.

1. murder;
2. a girl's name;
3. a senseless word—such as "dork" or "sork";
4. a rhyme—such as "Hark, hark, the lark";
5. nothing, for a time; then a strange association—for example, "street."

Any one, or perhaps all, of these associations might be given by an individual who had, for example, recently been implicated in a crime. Delay in response is due to a struggle with the "censor" of our thoughts as to the propriety of the delivery of one of several thought-associations. The common association is, let us say, "night"; but if "night" of itself connotes a situation of fear or shame or some other painful emotion, there will be an internal mental struggle to prevent the emergence of this painful word. A substitute word will be used, which will be likely to be a tell-tale word, unless the censor is quick enough to head it off, in which case a nonsense word is apt to come forth which in itself is a tell-tale index to the experienced listener.

The thing illustrated is a disturbance in thought-association. It appears in ordinary life in many ways. At a dinner-party someone mentions a hare. A fastidious lady whose emotions are sensitized to bodily references hears it "hair," glances at her food in alarm, and becomes nauseated. Someone mentions poverty, and the fellow who has just overdrawn his checking account is suffused with discomfort and can think of nothing to say. The girl with a guilty conscience is forgetting last night and having a lovely time until someone mentions "petting parties." She feels chilly all over and tries to laugh with the rest, but laughs too loudly and then becomes too silent.

For these individuals the idea A is followed, not by B and C, as ordinarily, but by ideas M or S, etc.—special experience-associations which disturb the ordinary sequence of association.

In extreme cases of association, patients may be unable to reply to questions, or to talk at all. Or they talk freely for a while and then suddenly, in the middle of a sentence, stop short unable to proceed. Or they may deflect the line of thought, or interrupt it, repeatedly.

"And when I had told him good-bye, I stepped into the taxi and said to the driver: 'I want—'" (Silence.)

"Go on." (Silence.) "Go on." (Silence.) "Please go on."

"That's all." *(Blocking)*

"Whatever they may do, they show you a good time. Good time doesn't describe it; it's glorious—glorious—glorious—morning glory—ous— Do you like flowers? I do. I like flowers all around me—on the table—on the mantel —on the ceiling—ha ha—on the light-fixtures—mistletoe—you know! Oh, boy! That's me. Maybe! Don't take too much for granted. I came here on the California Limited, but I'm not so fast. Fast and get thin. That's more important. Coolidge economy—that'll do it. Cal Coolidge. Cal or Al—what do you think of Al?" *(Incoherence)*

Still more severely dissociated:

"Have just been to supper. Did not knowing what the woodchuck sent me here. How when the blue blue blue on the said anyone can do it that tries. Such is the presidential candidate." (From the letter of a patient with a mental disease known as schizophrenia.)

Yet more:

"My dear dear dear dear dear dear dear dear my dear my dear dear." (From the efforts of a man to write a letter who had had a stroke of apoplexy, involving the writing centre of the brain.) *(Verbigeration)*

Another type (also due to a brain-injury, the rest of the mental faculties being unimpaired):

> "The Lord is my hospital
> I shall not want
> He marries me green pastors parters
> He leadeth me leadeth me leadeth . . ."

Groups of ideas, together with their emotional concomitants, may become split off from the main personality in one way or another and continue a separate existence. This existence is always more or less dependent on the main mental constellations, and hence is something like the moon and the earth. According to the size of the satellite, these splittings have different names.

FIVE TYPES OF DISSOCIATION

The following classification of dissociations is based on one suggested by F. L. Wells.[47]

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[47] *Mental Adjustments* (New York, Appleton, 1922), pp. 156–7.

Type I. Dissociation, from the main consciousness, of a process ordinarily consciously controlled (motion, speech, sensation, etc.).

A pretty and formerly popular high-school student is brought to the mental-hygiene clinic with a useless leg; the parents relate that for two years she has been unable to stand upon it or use it in any way while she is erect; they must carry her everywhere. Lying upon the bed or couch she is able to move it quite normally. Neurological examinations show the nerves to be uninjured.

A soldier in the trenches in France was stunned by the explosion of a large shell. He "came to" almost immediately, but felt that something had happened to him. He was at first unable to move any part of his body; but soon he found that he was twitching and jerking all over. His tremors continued after he had been removed to the base hospital. He appeared to be in a terrible fright, but said that he felt no fear. Neurological tests showed that he had lost all feeling for even so sharp a stimulus as a needle thrust deeply into the skin.

A schoolchild of nine suddenly began to scream and hold her hand to her head. Relatives flocked about her; doctors were called; all sorts of relief measures were tried in vain. The screams finally changed into prolonged wailings and loud crying. Suddenly it all ceased, the child rose and went about her play as if nothing had happened.

A woman of forty lay on a specially made springless bed, maintaining at all times as nearly as possible a motionless position. She was carefully fed and nursed by her solicitous farmer husband, who came in from his farm-work many times a day to attend to her special needs. She talked glibly and volubly of her "terrible condition" and recited in detail how five years previously she had permitted herself to make a slight move in the bed, which resulted in a sudden and terrible shock of pain in the head, blackness, feeling of imminent destruction, etc. Since then she had not ventured to repeat this rash act. This patient was hypnotized, and in this state she rose from the bed, in which she had not moved for five years, went to the supper-table, and ate with her family. For a few weeks she repeated this even when not in the hypnotic state. Then she relapsed into the old conviction of helpless immobility. Five years have now passed; she is still lying motionless, fed and tended by her faithful husband.

Neighbours and relatives clustered about the bed of a woman who appeared to them to be dying. She gasped and struggled for breath; she writhed and groaned; from time to time she threw herself into the air and screamed and jerked her body convulsively. The family physician had suggested a consultation. The consultant arrived, examined the patient, conferred with the family physician aloud in the patient's presence, assuring him that she would recover both mentally and physically. The next morning the patient was as well as ever.*

There are many examples in literature—none better than the old woman in Selma Lagerlöf's *Jerusalem* who had taken to her bed and there remained, paralyzed, for years. She was "cured" by a combination of prophecy (suggestion) and emergency—her child tumbles into the fire and she leaps to its rescue.

Type II. Dissociation, from the control of the main personality, of a process ordinarily controlled unconsciously and automatically (digestion, heart-action, etc.).

A student who was trying to make his way through college by means of a job requiring long hours at small pay stumbled and fell, tearing his one and only suit beyond repair. This and a few other unexpected drains on his slender resources put him into dire straits. He actually lived for a few weeks on about twenty-five cents a day. Even then it looked as if he were not going to be able to make the grade.

Suddenly he began to have a terrific pain in his head. He never had had headaches, but this one made up for all his years of exemption. It bore down upon him and prevented his doing anything—working, studying, or even eating. There was obviously only one thing to do—he must quit school, honourably discharged as it were, on account of illness.

But he didn't. A small loan was negotiated and the headache disappeared at once.

A very dressy woman marched into my office one day, trailed by a handsome but worried-looking little husband, whom I knew to be a fairly successful merchant. "I'm early," she announced, "because I wouldn't take the bus. I made *that* bring me." ("That" seemed to refer to her husband.) "He doesn't have to be at that business all the time; he works too hard anyway; the rest will do him good. So I just told him he had to bring me."

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* These are cases of hysteria, taken from an article by the author in *Hygeia,* August 1927, pp. 394–6. For additional illustrations see chapter v.

"Are you bragging?" I asked.

"Why, certainly not, certainly not! Why, what do you mean? I didn't come here to be insulted. My husband loves to wait on me. I am a nervous and physical wreck. My arms, my back, my head, all pain me constantly—I have nervous diarrhœa—my heart palpitates—I have the most terrible nervous chills; I just know I'm going to die!"

"But she doesn't die," sighed the husband. "She lives on, enjoying ill health. So long as I entertain her and indulge her in her self-centred life, she feels fine. If my efforts to amuse her and wait on her flag, if I let up one little bit in order to keep my business appointments, if I go out one evening to the lodge, she's all in again. But I've never dared say so until today."

All of this woman's symptoms were real in the sense that they were actually experienced. They were misbehaving bodily functions, ordinarily autonomically controlled, which had set up a hierarchy of their own in the indirect service of their mistress. But her conscious self, from which this self-trickery was dissociated, was both angered and horrified at the implications, and absolutely incredulous of the obvious explanation. "None of you realize how I suffer and it's absurd to say it's functional in origin. I just know I have cancer or a brain tumour or something, and you doctors are too ignorant to find it!"

A friend of mine has been courting a girl for many years, yet he won't marry her, nor will he ever take her to a public gathering. Once I asked him why. "Well," he said, "I'm ashamed to tell you, but the truth is I no sooner get seated in the theatre or church or social gathering with her than an overpowering desire to go to the toilet descends upon me and there is simply nothing to do but leave the room, and such embarrassment I simply can't bear, so I dodge all such situations—including marriage."

It would do no good to explain to him that his unconscious had played a simple trick on him, and that his natural sexual impulses aroused by the girl were being represented in this urinary disguise—a childhood stage of genital expression. It would do no good because he could neither understand nor believe it.

Mrs. R. was a well-poised, gracious, and intelligent woman who consulted scores of physicians, chiefly heart specialists, because of one curious, persistent symptom. Her heart would suddenly begin to palpitate and pound along at a rapid rate in a distressingly appreciable fashion. Most of the heart specialists agreed that there was no disease of the heart. They said it was "nervous" in origin. A little psychological study of Mrs. R. revealed the fact that the portals of her consciousness were periodically bombarded with repressed recollections of intense emotionalism—fright, shame, and anxiety—over incidents supposedly forgotten. Her consciousness never recalled them, but her heart did.

Type III. Dissociation of a group of ideas from the main mass or stream of controlled associations.

Automatic writing is a pretty illustration of how two different streams of thinking may coexist, without mutual acquaintance or dependence. Simple as the experiment is, many have not seen it and many can scarcely bring themselves to believe that a subject can be induced to write lines, pages, even whole books, without conscious knowledge of their contents. In fact, the best way to demonstrate the faculty is to divert the attention of the writer by conversation, reading, etc., letting the hand on the tablet write as it will. As is well known, some whole works—notably those of a St. Louis woman, under the pseudonym of Patience Worth—have been written thus automatically. Ouija boards and planchettes depend on the same principle.

All of us are familiar with the emergence into consciousness of unconscious material, such as dreams. The dissociated nature of these will be discussed later; it is evident, however, in some notable instances, such as Coleridge's *Kubla Khan,* a poem conceived in his sleep. Edward Lucas White's long and elaborate novel *Andivius Hedulio* is stated by the author to have been largely dreamed. Mr. White's numerous other books were composed, I believe, without the interposition of the dream state. The following case cited by McDougall[48] is another illustration:

"A man in his early prime, who followed the calling of a stockbroker, lived a normally active social and athletic existence. His tastes were those of an average member of his class; he had no special literary interests; poetry he had always regarded with indifference as a thing rather for women than for men. He had the habit of lying in a half-waking state for some little time before rising each morning. He noticed that, thus half-awake, lines of what seemed to be verse would come into his mind. He was sufficiently interested to jot them down on paper, and found that they made connected and coherent verses, which seemed to him as good as other verses he had seen in print. He therefore sent some of the verses, thus subconsciously produced, to the editor of a magazine. To his astonishment they were accepted. At the time when he told me of these facts, a number of his poems, produced in this way, had been published in leading magazines, and—paid for. Such of these poems as I read seemed to me of considerable merit, in a bold romantic style. An interesting feature of the production was that often the lines of a poem would come into his consciousness as complete but detached lines in irregular order; these lines could then be sorted out in the fully waking condition, and arranged, without other change, to make the complete poem. This fact shows very clearly that the verses were designed and constructed before the several lines came to consciousness."

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[48] *Outline of Abnormal Psychology* (New York, Scribner, 1926), p. 257.

Type IV. Dissociation of a system of ideas which displace the main consciousness or "personality" in its control of the organism.

Here belong *fugues* (already discussed under defects of memory), *automatisms, somnambulisms*, and occurrences of *multiple personality.*

Automatism in absent-mindedness:

All the absent-minded-professor jokes illustrate this. One told me by a friend will do as well as any. "My wife had reminded me one evening of a dinner engagement which I dreaded. But I went obediently upstairs to dress. This necessitated removing my street clothes in order to replace them with a Tuxedo. I recall having been engrossed in some reflections about a difficult case, and my wife says I was talking to myself when she last listened. I didn't appear downstairs and she came up to investigate. I had carried the dressing to completion, donned my pyjamas, and gone to bed!"

Automatism in hysteria:

A new nurse was on duty in the children's ward. Suddenly she disappeared. About the same time the nurses in the convalescent women's ward noticed a new addition to their ranks. This new girl pitched right into the work without saying a word and went about her tasks as if thoroughly acquainted with them. When spoken to she stared and made no reply. An hour later she approached the head nurse and asked where she was and where the children's ward could be found.

Automatism in epilepsy:

An electrical engineer of considerable ability was referred for examination by the corporation for which he worked because of a very embarrassing episode. He had been engaged in some delicate experimental work in the laboratories of the company, which adjoined a small clerical room. He had entered this room, apparently engrossed in deep thought, and a moment later one of the stenographers uttered scream after scream. Other employees rushed in to find him gazing at her and at them in amazement. She declared that he had approached her as if to grasp or attack her, which he vigorously and persistently denied, but was unable to assign a reason for being away from his laboratory.

It developed, however, that upon numerous other occasions he had suddenly dropped his work for a few seconds and indulged in queer purposeless stunts. He would balance a chair on one leg, or dally with a light cord, or run hastily to the front door or up and down a flight of stairs.

Somnambulisms:

Somnambulisms are similar to automatisms except that they appear to develop while the patient is and has been sleeping, and differ from fugues and cases of multiple personality, in which a larger part of the personality is split off so that the patient is able to pass for a normal individual. This is rarely true in automatisms and somnambulisms.

A professional woman of great ability once consulted me for a symptom which had been present for the second twenty years of her life. She would rise from her bed in her sleep and search about her own room for a lost "package," a package which she had never seen, but which she could vaguely describe—from remembered dreams—and of which she had the feeling that to find it would confer upon her wonderful blessing and satisfaction.

In the course of psychoanalytic treatment she discovered by inference what the "package" represented and thereafter never walked in her sleep again.

(Newspaper clipping)

"KILLED WIFE IN HIS SLEEP, MAN INSISTS
Counsel for Detroit Defendant Says
'Somnolentia' Caused Tragedy

"Detroit, Sept. 26—(By Associated Press)—A plea that he was walking in his sleep when he shot and killed his wife Amelia, has been entered as a defense for Chester Kutzlub, 48, on trial here charged with murder.

"William Cohen, representing the defendant, in his opening statement, said Kutzlub killed his wife while suffering from 'somnolentia' and somnambulism.

"Somnambulism was defined by the attorney as a 'state of sleep in which some of the senses and voluntary powers are partly awake,' and 'somnolentia' as 'the lapping over of profound sleep in the domain of apparent wakefulness.'

"Kutzlub testified he apparently was walking in his sleep at the time he shot his wife and told of an attempt at suicide after discovering the deed. He said the report of the gun awakened him.

"Three children of the couple testified their father walked in his sleep on an average of three times a week and asserted their parents never quarreled.

"Police who answered a call to the Kutzlub home on the night of the shooting, April 6, last, told of finding the husband grief-stricken, holding his wife in his arms. Mrs. Kutzlub died a few hours after being removed to a hospital."

The motif of somnambulism occurs rarely in literature. *Aebelö* by Michaelis and *Jörn Uhl* by Gustav Frenssen are modern novels in which somnambulism plays the dominant part. The notable German motion picture *The Cabinet of Dr. Caligari* is based on one of the many mediæval legends dealing with somnambulism. Such legends were common in the Middle Ages, when the unusual was commonly unexplainable and attributed to a divine or a diabolical intervention. *The Cabinet of Dr. Caligari,* in which the somnambulist commits murder and kidnaps and attempts rape, illustrates effectively the fact that sleep-walking fulfils wishes which are inhibited in waking hours. Commonly the wishes are to some extent disguised. At first glance this may appear not to be the case in the film referred to, and in fact it may not be. On the other hand, it is possible that the acts committed are really substitutional.

Multiple Personality:

Dr. Jekyll and Mr. Hyde is the prototype of alternating dual personality in "normal" persons. This should not be confused with alternations of mood from gay to sad, characteristic of the cyclic temperament. These are merely emotional swings; personality splits are far more comprehensive. The classical case in medical literature is that of Miss Sally Beauchamp, elaborately written up many years ago by that pioneer American psychopathologist Morton Prince. This girl was a patient of Dr. Prince's over a period of years, during which time he described numerous entirely distinct personality pictures appearing at different times.

More recently quite a few cases have been reported. It is likely that some of them have been artificially (although unintentionally) produced by suggestion (that is, hypnosis). It is well known that under hypnosis a second personality may be induced temporarily—that is, a subject may believe himself to be a butcher or a sailor and be induced to act in accordance with that belief.

Spontaneous doubling of the personality with alternations or coexistence is well illustrated by the following brief abstract of a long and carefully studied case:[49]

Norma was an attractive girl of nineteen, whose normal personality sometimes changed to that of four-year-old "Polly." As Norma she was highly intelligent, well-mannered, modest, and obedient. As Polly she talked baby talk, could neither read nor write, and was coarse, selfish, outspoken, and wilful. In this last state she tested a little under four years old on the Binet intelligence tests.

These transitions from one personality to the other were made by way of a period of sleep. When in one state she had no memory of her life in the other personality.

While in the Polly condition she wrote a letter by automatic writing which was neat and well written, and in which she answered correctly questions which Polly knew nothing about. She wrote that she was fifteen years old and showed an intelligence of fifteen by the Binet test. The next day, still Polly, she wrote that she thought she was nineteen. There was, however, no change in her personality. For a few weeks after that she was Polly most of the time. Then came a change, and she was Norma again.

As Polly she began to be totally anæsthetic and could not even feel a needle thrust under the thumb-nail to the root of the nail. At other times motor control was lost.

Twice she passed from Norma to Polly without sleep. One day she suddenly changed from Polly to Norma without the usual transition period. Goddard questioned her and found that the two personalities had blended; she could now remember what she had done and said as Polly. She showed sincere regret for things she had done in the four-year-old state.

She soon passed into the Polly state again and was more difficult to manage than before. Changing to Norma, she was not so careful of her speech as she had been before when in that personality. Goddard found the plan of trying to keep her in the Norma state by hypnosis unsuccessful. He then tried the plan of restoring the memory of one personality for another, with more success. As Polly she was put in a hypnotic state, and when she awoke had full memory of her life as Norma. As Norma the process was repeated and she again remembered Polly.

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[49] H. H. Goddard: "A Case of Dual Personality," *Journal of Abnormal and Social Psychology*, Vol. XXI, no. 2 (July–September 1926), p. 170; abstract by Roberta Smith.

After that she was Norma most of the time. Gradually the Norma personality was established, and the Polly personality rarely appeared.

Type V. Dissociation of one of several ideas which the main consciousness is aware of, but fails to recognize, and hence misunderstands, mislabels, and projects (a term to be more fully discussed in the next chapter). Here belong hallucinations, previously discussed under perceptual distortions, and also delusions, the most characteristic and typical distortions of the thinking process, now to be illustrated.

Delusions:

Mary Covington had been married one beautiful year. Then with terrible suddenness her husband became sick with pneumonia and died. During the swift, anxious days of his illness, Mrs. Covington never left his side except on some errand of service. On the last day, while the doctors were in consultation, she sat quietly beside him, brushing back his hair, stroking his arm, smiling encouragement and constancy.

Suddenly he turned over and fell back dead. She picked up his hand, which she had dropped, and said quietly: "John, you are only asleep; you are not dead. They think so, but I know better. You are not dead, John, only sleeping."

And this she insisted on all that day and the next. When her husband's body was taken to the undertaker's, she went quietly and cheerfully about her housework, "tidying up a bit because John will be home soon." Her relatives and the physicians tried in vain by gentle argument to convince her of the truth. "He isn't dead, are you, John? It's absurd for them to say so. He's getting better all the time. We'll be going out to the movies together soon."

On the day of the funeral she fainted and remained unconscious for a week. Thereafter she accepted the facts as given her, and reacted with the normal manifestations of grief.

This case beautifully illustrates delusions; so do the following:

Saint Peter and his contemporaries believed that the end of the world would shortly arrive. Many times since then certain individuals have become convinced that they knew the precise date when this was to happen. They have usually been disappointed. Sir A. Conan Doyle and Sir Oliver Lodge are sure that they have communicated with the dead. Bishop Berkeley was convinced that water containing tar would cure most of the ills of mankind. Woodrow Wilson believed that the French and English diplomats were sincere. Millions of people believed that the Great War was a "war to end war," and a few thought that America entered it for moral and idealistic reasons only.

All of these are delusions.

What is a delusion, and why? Any dictionary and any text-book in psychology or philosophy or logic will tell you with more or less circumlocution that a delusion is a false belief. As the word is used, it is really a false belief resisting external efforts to correct it. Delusions have been classified *ad nauseam*. None of the classifications have any practical value. I confess to having contributed a classification myself, but I am sure it is as useless practically as the rest.

Before discussing the significance of delusions, it is well to have an idea of the more frequent types encountered. These may be illustrated by actual quotations from various patients whose mental sickness was severe enough to evoke clear-cut and obvious delusional material.

Centrifugal types (the ego is made the subject)

a. Delusions of grandeur:

"I'm the richest man in the world. I'm worth ten trillion dollars. I've already given this town seven libraries and I'm going to give you four million dollars just to show you I think you're the best doctor in the world."

"Don't call me Henry. My name used to be Henry, but I've been promoted. I was King Henry for a while, but now I'm God Almighty Lord Jehovah. You can call me God for short."

"I had expected to leave for Chicago this morning had you folks not detained me. I expect to meet some fellows there who will put this thing across. They are big men, with big brains and big money, and when I explain this they will jump clear over their chairs to get first whack at it. They'll probably form a corporation, make me chairman of the board, and we'll have to organize a foreign sales department at once, because this is a world-beater. You think I'm crazy, but just remember—that's what they said about Fulton and Isaac Watt and all the rest of us!"

b. Delusions of deprivation and disease (hypochondriacal):
"I'm not the man I used to be. Something has hit me hard. I've lost ground. I can't stand up against things. I think it's my heart. I feel funny around my heart, and there are queer sensations all through my chest. It may be high blood-pressure—my uncle died with that. They say that results from constipation and I'm fearfully constipated. No movement for days and days; full of poisons, that's what I am, full of poisons, and ruined. Just a shell of a man, a walking corpse, slowly decaying."

"Below my armpits I'm made of rubber—dead, lifeless rubber. My liver is petrified, my lungs are solid, my bowels have rotted away. Can't you see how my legs have turned crooked? All my blood-vessels have dried up, I'm a shrunken, shrivelled shell. I can't swallow; my throat is blocked. I have syphilis and every other foul disease."

"We've nothing left. We'll all starve. I haven't a cent—just debts, debts everywhere. I'm ruined, that's what I am. I've no right to be here, eating three meals a day with nothing to pay for it—an object of charity, my children somewhere starving. Oh, God pity my poor children, crying for food, and me feasting here in the hospital. Our hogs have all run away. The stock is dead, the wheat burned up, our home is gone. I've squandered our last penny. We're ruined!"

c. Delusions of sin and self-accusation:
"I am the cause of it all. Let God punish me as He may. It was I who started the Great War, and it is I who brought these horrors upon the world. I am the greatest sinner of them all—I have committed the unpardonable sin. God have mercy on my soul!"

"Once—it was thirty years ago—I stole a quarter from my mother's purse. A thief all my life! That's the kind of a man I am. I've been disloyal—I've turned my back on Christ. There's no use talking. Such a man is hopeless."

Centripetal types (the ego is made the object)

These are also called *paranoid* delusions, an interesting word derived thus: *"para,"* beside (i.e., distorted), and *"noos,"* mind="paranoia," a name first used (1863) by Kahlbaum to describe a disease characterized among other things by many delusions, chiefly persecutory. Then "paranoia" plus *"oid"* (similar to, or of the nature of) is "paranoioid," elided for euphony into "paranoid," and referring to delusional states similar to, but not identical with, those of paranoia.

d. Delusions of persecution:

"It was more or less gradual and insidious. At first I didn't think much about it. I just supposed I was having a run of hard luck or an off season. All at once, however, it dawned on me that there were too many coincidences. The window in my office was always open just a few inches more than I had left it. I'd leave my chair facing east, and I'd go out to come back to find it facing south. My pen would have dried ink on it—there were fresh spots on the desk blotter. All these things taken together convinced me. My deals all miscarried—my secrets all leaked out—my experiments all went bad. Why? Because I'm the object of an organized plot to annihilate me. I'm too dangerous to the aspirations of someone. And I'm going to have to pay the penalty. They're after me."

"Poison in your coffee—stinking gas injected into your room—radio signals flashing all around—dirty looks and sneers from the neighbourhood children —hidden dangers everywhere—how would *you* like it?"

"This is not the first time that the Reds, Socialists, Pacifists, and their college-professor allies have attempted to prevent, and have actually prevented, murderers and other violators of the law from getting their just deserts. The leader of the movement to set these two murderers free is Felix Frankfurter, Professor at Harvard College. . . .

". . . So far as Red criminals are concerned our judicial systems are being scrapped, and the decisions of juries and courts are being supplanted by the decisions of the mob . . . and this is being made possible because college professors and ministers of the gospel are lending respectability to the mob! . . .

'. . . I find that this bold, resourceful and able gang of enemies with ample funds are . . . instilling subversive doctrines into the minds. . . .

". . . A widespread assault is now being made on the sanctity of marriage and sacred family relations . . . with great success in the leading colleges for women. . . . We find the presidents and professors of most of them members of the Babrin-Foster Committee, or its allied organizations."[50]

e. Delusions of reference (i.e., referring back to "me"):

"Everyone knows it. I come in the door of my home; neighbours are visiting, but they promptly leave. I kiss my wife; she coughs three times, meaning disgust. I pick up the evening paper and the headlines say: 'Baker will run,' which really means I had better run. I go out for a walk, and people stare at me and nudge each other as I pass; they whisper to each other and cast glances over their shoulders. At the movies they seem to see me coming and throw in a few jabs at me in the sub-titles. 'It won't be long now,' one of them said, and 'He wondered if she knew!' They've got something on me—there's no doubt of that, and they're closing in on me; only I don't know what it is!"

f. Delusions of jealousy:

"She doesn't love me any more. I can tell. She doesn't smile at me like she used to, nor kiss me passionately any more. She is cold and indifferent—she's never home when I get there, and she makes no explanations—no adequate explanations, that is. There must be some other man in the case. I have no proof, of course, and yet—well, judge for yourself. Over and over I try to reach her by phone, and the line is busy. I come home unexpectedly and she looks startled and her face flushes. I say I'm going on a trip for a few days and she smiles and seems pleased.

"Well, that isn't all. She's for ever riding the bus to and from town—she says it's cheaper than driving the car, but that's not it. It's one certain bus—and one certain bus-driver—I know it is. They even have some sort of a signal system—I've heard a queer lot of tootings—three short ones and two long ones—and then I've seen her run to the window and peer out, not knowing that I was watching her. Of course when I accuse her of it she laughs and says I'm crazy. But I know a thing or two, and there's going to be a sad interruption in a little love game one of these nights. Kill him? Sure I would. Aren't they plotting right now how to get rid of me? Didn't you read about the Hall-Mills case? Well, I'm wise, I am. And I'll shoot first."

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[50] From a speech made before the L— Kiwanis Club, June 30, 1927, and distributed by the Massachusetts Civic Welfare Alliance in printed form, as published in the Boston *Traveler,* June 30, 1927.

THE MECHANISMS OF DELUSIONS

Although a systematic consideration of the mechanisms back of all these symptoms is the subject-matter of the next chapter, a brief explanation of the *why* of delusions here will make them much more easily understood.

All delusions are to be regarded as dissociated fragments or systems of which the main consciousness is fully aware, but which it fails to recognize as such, and hence misunderstands, misinterprets, mislabels.

1. Sometimes these fragments are split off because they represent unattainable wishes. In spite of a cold world of reality which the main consciousness must face, certain dear fancies may endure providing they can be sufficiently dissociated. This type is represented by the first illustrations (the girl who believed her dead husband to be merely sleeping and the man who thought himself a billionaire). In other words, if Mohammed won't come to the mountain, the mountain is brought to Mohammed. This mechanism is called introjection. More of it later.

2. In other instances, the dissociation takes place because the fragment split off is a fault or wish which is repugnant to the main consciousness, and hence to retain it would result in self-reproach. To avoid this conflict the dissociation is effected, the offending fragment (or wish or complex) is projected upon some "goat" who can be given all the abuse that the possession of such an obnoxious quality deserves. This explains the mote-and-the-beam parable—the gallant buck-passing of Mr. Adam to Mrs. Eve. It is an excellent cloak for the skeleton in the closet.

In delusions of persecution the dissociated fragment is usually a secret desire, unknown even to its possessor consciously, but unconsciously recognized by him as a wicked and unworthy possession. The old maid's delusion of being followed by a man is a clear illustration. This mechanism is called projection. It, too, will be discussed later in greater detail.

3. The delusions of sinfulness, sickness, poverty, etc., are probably combinations of projection and introjection. A man who erroneously believes he is ruined, for example, probably does not have such a wish, even unconsciously; it applies not to himself but to someone else, with whom he identifies himself for the time being. Thus these delusions are really delusions of hate.

The paranoid delusions, on the other hand, could be shown to be delusions of love—a distorted, misinterpreted love, but love nevertheless. They really mean: "I love that person and he should love me; perhaps he does love me. Yes, I'm sure he does, because he singles me out for attention. He makes advances towards me, aggressions, assaults. He desires me—he approaches me—he possesses me." But all this is deeply repressed in the unconscious, for many reasons, chief among them the taboo that prevails regarding homosexuality. To admit such fancies to oneself would be to admit homosexual propensities—perversion! It is unthinkable! The psychic "censor" fights it back—it is converted into hateful rather than loving form, and then released as a delusion upon an unsuspecting victim and an unthinking world.

4. Finally there are delusions (and illusions and failures of memory) which exist to make life tolerable. Schopenhauer and others describe us as dashing about doing things in order to forget how miserable an existence we lead and how certain is the death we must die. Perhaps the melancholiacs with nihilistic delusions are right in thinking life isn't worth living. But most of us want to go on thinking it is.

"For human memory and human optimism are adepts at the prevarications which everybody grasps, retails and tirelessly reiterates: these two it is who coin the fictions which every person weaves into the interminable extravaganza that he recites to himself as an accurate summing-up of his own past and future: and everywhere about this earth's revolving surface moves a circulating library of unwritten novels bound in cloth and haberdashery.

"The wholesome effect of these novels is patent. It is thanks to this brace of indefatigable romancers, it is due to the lax grasp of memory and to the perennation of optimism, that nobody really needs to notice how the most of us, in unimportant fact, approach toward death through gray and monotonous corridors. Besides, one finds a number of colorful alcoves here and there, to be opened by intoxication or venery, by surrender to the invigorating lunacy of herd action, or even by mental concentration upon new dance-steps and the problems of chess and auction bridge. One blunders, indeed, into a rather handsome number of such alcoves which, when entered, temporarily shut out the rigidity and the only exit of the inescapable corridor. Life thus becomes for humankind a far different matter from what it would seem to any merely reasonable creature, since life's monotonous main tenor is thus diversified by an endless series of slight distracting interests and of small but very often positive pleasures in the way of time-wasting and misdemeanor. And in addition, as we go, all sorts of merry tales are being interchanged, about what lies beyond the nearing door and the undertaker's little black bag." [51]

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[51] James Branch Cabell: *Straws and Prayer-Books* (New York, Robert McBride and Company, 1924), p. 28.

Distorted Emotion (11)[52]

Emotional distortions to be discussed are of four types:

1. Schizothmyic, or inappropriate, responses;
2. Phobias (morbid fears);
3. Anxiety states;
4. Perversions of affection and interest.

I. SCHIZOTHYMIC REACTIONS

To respond to the aroma of broiling beefsteak with disgust or with fear may seem incredibly abnormal. The emotions of disgust and fear seem totally inappropriate to the stimulus which should evoke pleasurable anticipation.

Yet a seasick ocean voyager experiences disgust at such a small matter; so does a very strict vegetarian of certain persuasions. Some neurotic patients may react to it with fear. These twisted or inappropriate emotional responses are one type of emotional distortion. *(Schizothymia)*

They appear in less vivid forms in all our friends. A salmon-coloured rose which delights us irritates Miss Brown; Mrs. Clark is bored by music; Mr. Dooley is made angry by the familiarity of pet dogs or cats; Mr. Erwin is tremendously interested in certain genera of worms which most of us find repulsive. These may be exaggerated in degree, but the shifting of emotional response is always of this general type.

One never knew, for example, how a certain patient of mine was going to react. Sometimes she would scream if one said "Good morning" to her; an hour later she would respond to the same greeting with peals of laughter. A box of candy from her husband might be thrown out the window, or offered politely to all the nurses and patients, or locked in a bureau drawer untouched. A pleasant smile was sometimes returned similarly, at other times ignored; upon still other occasions it might provoke streams of bitter and profane denunciation.

Her emotional reactions were nearly always utterly inappropriate.

This symptom, schizothymia, is a very important one in psychiatry, because it is a criterion of the severity of the internal disharmony of the schizoid personality. In other words, when a schizoid personality begins to disintegrate, to break down, to "go crazy," the degree of schizothymia present is a rough index of the degree of mental damage. The patient just described, for example, is extremely broken of mind.

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[52] This numeral refers to Figure 9, p. 163.

The newspapers said that Edward Hickman, the California murderer, laughed and joked about his crime, his trial, his mother's distress, and his execution. If this be true, it is more significant of mental disease than is the murder, even in the shocking queerness of its method.

2. PHOBIAS

Quite different is the emotional distortion known as a *phobia*. Phobias, or morbid fears, are sometimes vague and general (panophobia). "I just feel anxious and worried all the time." "I feel as if something terrible were going to happen." "I get along fine until it suddenly occurs to me that sooner or later retribution and Nemesis will overtake me." "I'm constantly a little uneasy—I start at every sudden sound. I feel like a young girl alone in a big house at night."

But specific fears or phobias are equally common. It is probable that all phobias begin as generalized states of anxiety and become attached to specific objects and situations secondarily. The objects or situations selected usually represent repressed (that is, forgotten, unrecognized, unknown) wishes. This is plain enough in the familiar caricatured man-phobia of the old maid. To assure her that no man really is following her does not comfort or reassure her; to suggest that such fears represent hidden wishes is apt to be equally displeasing. Yet nothing is more obvious to everyone else.

Symbolization prevents this substitution from being so obvious in most cases. Thus a fear of dogs—dog-phobia—becomes understandable only when one learns what dog represents to that particular individual.

There are all sorts of such morbid fears—fears of high places, low places, open places, closed or narrow places—fears of thunder, of lightning, of blood, of dirt, of darkness, of light, of crowds, of death, of persons. The statistics of our college students indicate that about twenty per cent of them have or have had phobias. In most cases they sooner or later disappear.

Not always, however. George Harris remembers that when he was twelve or thirteen he became morbidly terrified by crowds of people—so much so that he could not bear to remain in large congregations at church, and once interrupted the service in making a hasty exit. This fear disappeared, however, until he was nearly through college, when he was suddenly overwhelmed with fear one day in the confusing crowd of a big football game. Thereafter he found it difficult to visit any large city where the business streets were crowded; he could not bear to enter or remain in a building containing an assembled multitude. He had to give up eating in restaurants and riding in day coaches because of the feelings of panic and terror aroused by these situations.

Something of the intensity and extensiveness of phobias may be inferred from the case of Mrs. Sellards, who at thirty-seven developed a *misophobia,* or fear of contamination. At first she was made restless, anxious, fearful, only by the presence of broken glass. Then she began to fear the existence of particles of dirt of any kind. She scrubbed her entire house, on her hands and knees, over and over and over. She refused to permit anyone to wipe the dishes for her, or to handle the food, lest they inadvertently contaminate it. She feared lest the handling of the door-knobs might lead to the carrying of infections and scoured them many times a day. Within a short time she was so engulfed in her phobias that her entire life was spent in frantic efforts to prevent the development of situations which evoked them.

The dynamics of phobia formation will be more fully discussed in the next section. To grasp their nature somewhat better, however, the following instances of *tracing* the phobia to its origin should be considered.

"A boy of twelve had from earliest childhood evinced a positive phobia of toads. Whenever he caught sight of one, his face grew pale, his back became arched, and he made convulsive movements with the forearms. This phobia had originated in imitation of his mother, who had similarly derived it imitatively from her mother. Ascending through the generations, the symptoms were more violent. The grandmother had a severe nervous paroxysm at the sight of a toad, falling convulsed to the ground. In her case, too, the trouble came by imitation. Her mother, in a deathbed delirium, witnessed by the daughter, had been affected with the hallucination that toads were crawling all over her body."[53]

"A young woman of good heredity developed during her childhood a severe phobia of running water. She was unable to give any explanation of her disorder, which persisted without noticeable improvement from approximately her seventh to her twentieth year. The general nature of the disturbance is readily shown.

"Her fear reaction to splashing sounds was especially intense. For instance, it was necessary for her to be in a distant part of the house when the bathtub was being filled for her bath and, during the early years, it often required three members of the family to give the bath. She always struggled violently and screamed. During one school session a drinking fountain stood in the hall outside of her classroom. If the sound of children drinking was audible, she became very frightened, actually fainting on one occasion. When she rode on railroad trains, it was necessary to keep the window curtain down so that the streams over which the train passed might not be seen.

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[53] Charles Baudouin: *Suggestion and Autosuggestion* (Translated by Eden and Cedar Paul, New York, Dodd, Mead and Company, 1921), p. 72.

"During her twentieth year an aunt, Mrs. G., came to visit at her home. This lady had not seen her niece in thirteen years. She was met at the station by the mother of the girl, who told her of the daughter's condition. On arrival at the house, she met the girl and her first words were 'I have never told.' This served to provoke a recall of the following episode.

"The mother, the aunt, and the little girl—she was then seven years old—had gone on a picnic. Late in the afternoon the mother decided to return home but the child insisted that she be permitted to stay longer with her aunt. . . . The two then went into the woods for a walk and the girl, disobeying her aunt's instructions, ran off alone. The aunt followed, and after a search, found the child lying wedged among the rocks of a small stream with a water-fall pouring down over her head. She was screaming with terror. They proceeded to a farm house where the wet clothes were dried. The child expressed great fear that her mother would learn of her disobedience, but the aunt reassured her with the promise, 'I will never tell.' They returned home and the aunt left the house next morning without seeing her niece. The child was thus left with no one in whom she could confide and had a period of anxiousness. The phobia developed shortly after this.

"After recalling this experience of her childhood, the young woman found it possible to approach running water without discomfort. And gradually the special adjustments, which her phobia had necessitated, disappeared." [54]

This case illustrates the mechanism called the *conditioned reflex.*

Phobias are frequently symbolizations and projections—terms to be more fully explained later, but which can be understood from the following illustration:

Dogs were the chief fear of Mrs. R., a middle-aged woman whom I once studied. So, at least, everyone supposed. At the sight of a dog, even at some distance from her, she became tense and frightened; if the dog came nearer she was apt to be thrown into a panic, and upon many occasions ran screaming to the nearest place of safety.

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[54] English Bagby: "The Etiology of Phobias," *Journal of Abnormal Psychology and Social Psychology,* Vol. XVII, no. 1 (April–June 1922), pp. 16–17.

This is precisely the way my youngest daughter reacted to dogs for a while during her third year. It is familiar enough in children, and this much of the picture suggests a carrying over from childhood of a fright experience.

But there were many complications. For example, if the dog came close enough to Mrs. R. to touch her skirt, she would rush to the house, change, not only her dress, but all of her garments, from the skin out, wash them out in soapsuds and water, bathe herself with great care, and dress in an entire change of linen.

This combined fear of dogs and of contamination was more frankly expressed by her as fear of hydrophobia. She had never seen a case of hydrophobia and didn't know just what it was like, but had a painfully vivid impression of "a terrible disease of suffering, incurableness, and death, in which they have a terrible fear of water—such that even the tears on a mother's face will throw the child into convulsions." She herself also had *a* (not *the*) hydro-phobia, and was never comfortable when near a body of water, had never been in a boat, was much afraid of floods, etc.

A little investigation disclosed that hydrophobia was for her just a name or symbol for syphilis, a disease of "dirt, disgrace, and death." By the time Mrs. R. had analyzed and tabulated her fears thus far, she became aware of the alliteration, and added one day: "There are a few other D's that I fear, in addition to dogs, drowning, disease, disgrace, death, dirt, etc. I was married at sixteen and shortly afterwards was *d*eserted. Then I got a *d*ivorce. Eight years later I remarried. From this second husband I also got a divorce for non-support. Then my daughter married a divorced man, and this seemed to me a kind of *d*efilement. I got *d*epressed over it, and felt as if she and I both were to be *d*amned by the *d*evil to eternal *d*estruction."

Mrs. R. came to realize that all of her fears were also at some time and in some degree desires. "I used to love dogs," she said. "I fear death, yet I get so depressed I feel I would welcome it, and I have tried to kill myself. I fear water and yet depend upon it to save me from disease.

"But disease—syphilis—I have never desired that, surely!—Yes, I did too. I'll have to admit it. I have often wished I had syphilis. I will tell you why. When we lived on that little ranch in New Mexico, I was alone much and read the Bible, and I ran across the passage about remarriage being adultery. It disturbed me terribly. I was nursing my baby, and loved it so, but feared that God would punish us both for my sin. I thought we would both be destroyed. Then I read again in the Bible that the only excuse for remarrying after divorce was unfaithfulness. But I had no proof that my first husband had been unfaithful. He was shiftless and he deserted me, but I never knew for certain that he was immoral. But had he infected me with some disease (syphilis) I would have had my proof, and my justification for divorce and all. I would have been absolved from the guilt of adultery. Between the fear of hell fire and the fear of syphilis it is an easy choice!"

As for phobias among the supposedly very healthy, consider the following instance, reported by *The Christian Century* for October 9, 1924:

"In every effort toward human liberation, whether of body, mind or spirit, it is inevitable that there should be what Mr. Roosevelt characterized as the lunatic fringe. It is idle to maintain that the long-hairs of one sex and the short-hairs of another do not exist; that there are not erratic thinkers and more erratic talkers whose flow of exhortation and denunciation does not, at times, become wearisome. Rose Macaulay, we think it was, who said that she never felt so much like a tory as when she had been in a group of radicals, and never so much like a blue-nosed puritan as when she had been listening to the talk of a certain sort of modern emancipated soul. We admit a certain sympathy with Miss Macaulay. But just when we find ourselves drifting into this dangerous mood something is fairly sure to happen to teach us how much worse than the present our surroundings might be. Think, for example, of being one of those Americans to whom the Manufacturers Record comes each week as law and gospel, and having to live on such mental fare as this: 'Our country is passing through the most crucial period in its history. . . . We have unrest and turmoil, largely brought about by the activities of the socialists and communists and anarchists and bolshevists who have brought their doctrines from Europe and are proclaiming them in every part of our land. The dangerous youth movement, coming out of Germany—where it is largely permeated with the most unspeakable immorality and free love and a definite effort to break down all parental and governmental authority—is spreading into many of our colleges, where socialistic teachings are likewise in evidence. . . . If perchance the forces of anarchy should bring about a condition by which La Follette or any of his crowd would become more dominant than they are at present, and possibly become President—and there is a real danger that this might come about through a congressional presidential election—we would have a disastrous situation which would menace the very existence of the American government. We must not overlook the millions and millions of reds and anarchists and bolshevists and weak-minded men and women under the power of bolshevists and anarchists, rank college professors and others, who are proclaiming the doctrines of socialism and unrest.' After reading drool like that, the ravings of irresponsible long-hairs become distinctly more endurable."

Superstitions are closely related to phobias, but spread through community life so as to become more or less stereotyped and conventional. Even college students are not free from them.

Two hundred and sixty-seven males and 290 females between 16 and 25 years, all college students, were examined by E. S. Conklin as to superstitiousness. Superstitious belief or practice was indicated in 40 percent of the male and 66 percent of the female subjects. Sixty-one percent of those denying superstition at the time state its former belief or practice. Men appear to outgrow superstition more easily than women; one-half the group assign former superstitions to the years 12—16. Slightly more superstitions per individual are mentioned by the women than the men. Superstitions of women concern chiefly domestic activities. It is indicated that the superstitiousness is not due wholly to contact with superstitious people. "The persistence of superstition in spite of education and the development of reason, the prevalence of superstition, the variability of superstition forms, the slight coincidences or trifling events which give rise to new superstitions, the readiness with which incidents are accepted as proof, and the evidence of strange feelings and emotions which impel in spite of the reason—all point to a predisposition to such emotional reactions to the events of life as are conducive to belief in mystic interpretations." [55]

3. ANXIETY

It is not abnormal to worry about things which threaten our safety or our ideals or our plans. It is because of this capacity to see ahead, to anticipate certain dangers and to avoid them, that man has achieved what he has. In this sense, worry is one of the ear-marks of civilization.

An unjustified amount of anxiety or worry—that is, a reaction not commensurate with the stimulus—is a type of emotional excess which is closely related to worrying about nothing at all, or worrying about something which we cannot name. This is called morbid anxiety. It may exist in a chronic state; everyone knows the chronic worriers. Many who know nothing about psychopathology know that some of these worriers never have the slightest idea of the real thing they are worrying about.

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[55] Edmund S. Conklin: "Superstitious Belief and Practice Among College Students," *American Journal of Psychology* (1919), Vol. XXX, 83–102.

This is much more evident, however, in the acute states of anxiety such as we see, for example, in the type of nervousness known as *anxiety neuroses*. These distressing feelings or anxious expectation, uneasiness, dread, pessimism, sudden fears and panics, accompanied by all sorts of physical manifestations of fright, constitute a very well defined type of emotional exhibition which are perfectly appropriate for the unseen stimulus which gives rise to them, but which appear on the surface to be entirely inappropriate and therefore a "distorted emotional reaction." The simplest example is ordinary stage-fright, in which the poor sufferer often looks and acts and feels as if he were in danger of his life. The following is a more complicated example.

I had a patient once who had been a Chicago police officer of the big, burly, dreadnought variety. He had looked into the business end of many a revolver and shot-gun, had dragged bootleggers out of closets by the pants and testified against gun-men, and had been through all sorts of exciting adventures with impunity. In fact, he enjoyed the life of excitement and said that he never once experienced the slightest fear.

Nevertheless, upon such insignificant occasions as the eating of his lunch at a cafeteria, or attending a Mary Pickford motion-picture show, or even walking down the street, he would suddenly be seized with a panic which would actually bring him on the run to my office. He would dash in panting and sweating, his face pale, his breath coming in jerks, his knees trembling, his voice quavering. He would demand an immediate audience, sink down in a chair, and call upon God to witness that he was glad he got there in time.

And yet when questioned he hadn't the slightest idea of what it was he was afraid of, or of what he thought was going to happen, or what had frightened him, or what had made it go away. Sometimes he couldn't get to my office and he would call me on the telephone. After we had talked a few minutes he would feel all right again. It used to puzzle him considerably that my voice or presence had such a magical effect on his fears, but it puzzled him no less that these panics would come upon him in this inexplicable fashion. The case always used to make me think of the picture one sometimes sees of an elephant quaking at the sight of a mouse, except that it was only after vigorous and prolonged delving that this man ever came to see the mouse.

These panics are explicable, just as are phobias and obsessions, only on the assumption of unconscious causes. This has already been illustrated in the case of phobias, and will be presented more elaborately in the chapter on motives and mechanisms. In general, anxiety states and panics depend upon frustrated sexual excitement or craving. This was the case in the police officer just described. His prolonged absences from home (he had always been assigned to jobs which kept him constantly on the go) had forced upon him the choice of complete sexual abstinence or illicit indulgences. He had conscientious scruples against the latter. But his temptations were enormous. Furthermore the struggle for self-control permitted the escape of unconscious homosexual impulses, stimulated by his aggressive contacts with men. And this was the mouse.

4. PERVERSIONS OF AFFECTION AND INTEREST

Nothing pertaining to man and his environment is foreign to the interest and devotion of some versatile geniuses. But most people are interested in relatively few things. The specialist is always regarded as a little peculiar—"strange that he should find anything interesting in that narrow field." All psychiatrists are so regarded by their healthy-minded surgical and obstetrical brethren. It is quite natural to suspect the good judgment of the tuba and double-bass players, and I have several college friends who insist that to be a cheer leader requires a special kind of craziness.

All of these are tolerable. The psychiatrist becomes familiar with many indulgences of sorts which society as a whole is unacquainted with, and of which it would be extremely intolerant. Some are trivial—I recall a friend, a miser, who saves all the strings, ropes, wires, etc., that he can in any way acquire, and stores them away on carefully wrapped spools, in numbered boxes in his attic. He is an accepted and successful business man. (Unconscious *anal eroticism.*)

Others are more serious: A man of seventy is romantically in love with a ten-year-old girl. He sends her gifts, calls her up, sits where he can see her come and go, and feasts upon her longingly with his eyes. During the day he is president of a bank. (*Pœdophilia.*)

A college girl becomes enamoured of her room-mate. Between them there springs up a romantic attachment which entirely displaces their interest in other things and other people. They attend each other like lovers. They have violent quarrels, demonstrations of jealousy, and rapturous reunions. (*Overt homosexuality.*)

A man collects girls' handkerchiefs. He displays them proudly to a few of his friends. He gloats over them, fondles each one tenderly, drops sly hints inferring passionate conquests, and kisses his favourite handkerchiefs as if they were the maidens who once possessed them. (*Fetishism.*)

A series of fires broke out in a western city with such frequency and persistency and in such a limited area that incendiarism was suspected. A youth was finally captured in the act of setting on fire a large office-building. He was the son of wealthy parents and had recently married an adorable wife. He confessed to an irresistible thrill as he watched the flames mount. (*Pyromania.*)

One of the most curious examples of perversion is found in the Black Mass, which, I am told, is celebrated in Paris and New York City and probably in all other large cities, though an attempt is made to keep the rite absolutely secret. Satanism, the worship of the Devil, or of devils, instead of God, goes back into very early times and devil religions exist side by side with such religions as Buddhism and lamaism. The Black Mass, which is the type of Satanism existing alongside Christianity, consists of a parody of the Christian mass. In the common version the altar is the naked body of a woman. The celebrant is a deposed priest. A goat instead of a cross appears on the chasuble. The service follows the Christian mass, either Roman or Anglican, making it blasphemous in every place possible. The members of the congregation are naked throughout the service and at the end engage in both normal and abnormal sex relations. Sometimes, it is alleged, the blood or the ashes of a murdered child are used in the ceremony. Huysman's novel *Là-bas* deals to a considerable extent with the Black Mass. There is reference to Satanism, though in this case of a different type, in the sketch of Charleston in Joseph Hergesheimer's *Quiet Cities*. The so-called witches' sabbath referred to frequently in literature, most amusingly in Robert Burns's *Tam o'Shanter,* consisted of Satanist rites.

The most interesting thing about the perversions manifested in Satanism is their close relationship to religion. The Black Mass and similar manifestations are merely distortions of conventional religion practised by persons deeply interested in religion, but with a distorted, or reverse, conception of it.

Distorted Volition (12)[56]

All behaviour that is unseemly, all that is unpropitious, all that is purposeless or unachieving or antisocial or proscribed—in short, all *"bad"* behaviour—

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[56] This numeral refers to Figure 9, p. 163.

theoretically belongs here. It is still only a small minority of people who say of a given act of offence: "Why does he have to do that?" in the same spirit in which they speak of a convulsion, believing that proper scientific investigation can discover the answer. Yet both are examples of misdirected energy.

Of volitional distortions the complicated series of acts, such as crime and delinquencies, are best left for presentation elsewhere. But there are certain small groups of acts indicating a misdirection and wrong release of energy which will be briefly dealt with here. These are

1. Tics and other bad habits;
2. Compulsions;
3. Convulsions.

1. TICS

Tics can't be illustrated. But everyone knows what they look like. Persistent "batting" of eyes, screwing up of one side of the face, stretching the mouth, shrugging of the shoulders, etc., are known experiences of many children and remain characteristic ear-marks of some individuals throughout life.

These are quite properly called *habit spasms*, and represent the expression in a form easily learned and easily repeated of certain psychic and physical tensions which are denied (for unconscious reasons, usually) a more comfortable release. This is easier to understand in the case of bed-wetting and nail-biting and similar petty "bad habits" of children (although these are met with in college students, and others of equal age). They are all best treated by a combination of methods which aim at a decrease in the tension which produces them and an interruption in the habit of repetition which has been established.

2. COMPULSIONS

Compulsions are still more complicated phenomena, with more conscious content than tics. They are closely allied to obsessions; they are persistent repetitious acts instead of persistent repetitious ideas (obsessions). They are very common, familiar to most people, and usually quite harmless both to the individual and to society.

Lines and Squares

Whenever I walk in a London street,
I'm ever so careful to watch my feet;

And I keep in the squares,
And the masses of bears
Who wait at the corners all ready to eat
The sillies who tread on the lines of the street
Go back to their lairs,
And I say to them, "Bears,
Just look how I'm walking in all of the squares!"
And the little bears growl to each other, "He's mine,
As soon as he's silly and steps on a line."
And some of the bigger bears try to pretend
That they came round the corner to look for a friend;
And they try to pretend that nobody cares
Whether you walk on the lines or squares.
But only the sillies believe their talk;
It's ever so portant how you walk.
And it's ever so jolly to call out, "Bears,
Just watch me walking in all the squares!"

—A. A. Milne, in *When We Were Very Young*
(New York: E. P. Dutton and Company, 1924)

Here are some of the compulsions listed by my college students last year as being their particular pets:

Touching posts.

Counting blocks or bricks in sidewalks.

Counting out words or letters of a word on the fingers until the count comes out even.

Lighting matches one after another.

Setting something afire.

Tracing a design on the roof of the mouth with the tongue, or writing a word there.

Stepping on or over cracks or on every other brick in the sidewalk.

Keeping out of shadows of trees.

Counting trees, poles, mail-boxes, water-pipes, sign-boards, etc.

Walking on the edge of the sidewalk.

Counting bulbs in electric signs.

Moving to the beat of clock ticks.

Returning by the same path or street as on the first trip.

Tracing the design of a carpet with the toe when standing or sitting.

Jumping off when on a high place.

Doing something to shock people.

When turning through magazines, turning back to look at something that does not interest much, just to see if it was seen right the first time.

Marking and drawing aimlessly while listening to a talk or lecture.

Then, some are more serious:

"A boy in high school was supplied with some second-hand books. He began to doubt the accuracy of them, for, as they were not new, he thought they might be out of date, and what he read might not be the truth. Before long he would not read a book unless he could satisfy himself that it was new and the writer of it an authority. Even then he was assailed with doubts. For he felt uncertain as to whether he understood what he read. If, for example, he came across a word of which he was not sure of the exact meaning, he could not go on until he had looked up the word in the dictionary. But as likely as not in the definition of the word there would be some other word with which he was not entirely familiar and he would have to look *that* up, so that at times half an hour or more would be taken up in reading a single page, and even then he would feel doubtful as to whether he had got the exact truth. (Compulsive doubt—*Folie du doute.*)

"A young woman was impelled at frequent intervals to rip up her clothes and make them over again, feeling that she could improve their fit. Another was forced to eat bread in enormous quantities. Still another had to count ten before every contemplated action and then while carrying out the action she would have to tell herself what it was she was doing. Thus if she were going out she would have to say: 'Now I am putting on my hat; now I am opening the door; now I am going down the steps; now I am turning the corner, etc.' Before beginning each of these actions she would have to count ten."[57]

My brother studied an interesting little coloured child, nine years of age. Following a severe cold she had awakened every morning to tell her folks that she saw dead people, her grandmother and others. This always occurred early in the morning before daylight. During the day she never saw any such visions, but occasionally would make some statement about not caring whether she died or whether everybody died, but that she must move her foot in just a certain way to keep people from dying, or must wrap a watch-chain round her wrist ten times or somebody would die.

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[57] H. W. Frink: *Morbid Fears and Compulsions*, pp. 163–5.

Her history disclosed the fact that between the ages of four and seven she had attended five funerals and in each instance had viewed the corpse. One of these was her grandmother's. She had been very fond of her grandmother, who died from pneumonia, with pulmonary œdema and the characteristic death-rattle. The patient had been present during the last few minutes of the grandmother's life along with the rest of the family and remained in the same house with the corpse for three days, seeing it often. The relationship of these experiences, her own respiratory-tract infection, and the subsequent hallucinations and compulsions seems obvious.

3. CONVULSIONS

One kind of disarray and distortion in the resolving process of the mind is so enormous and so hideous and so nearly unique that for thousands of years it has been regarded as a disease. It isn't a disease—a *convulsion* is a symptom, and may result from (and indicate) a score of different diseases. Recurring convulsions without other symptoms are called *epilepsy*, but we are not sure that there is such a disease as epilepsy. Some such cases have been found to be due to one and some to another cause, until there is a feeling among many that the explanation of all of them will some day be found on a symptomatic basis.

Convulsions are sudden explosive releases of energy to many muscles at one time, so that powerful and purposeless jerking and cramping takes place. Loss of consciousness often occurs; it is not a part of the convulsion. Sometimes certain sets of muscles are involved, first or exclusively. This gives the neurologist a clue as to what portion of the brain is being first or most irritated. Sometimes this leads to remedial surgical treatment. Some of them are apparently psychic in origin and are amenable to psychotherapeutic treatment. But most cases must and should be treated medicinally and by diet. The general public is unduly pessimistic about epilepsy, and the afflicted patients are usually too optimistic. The majority of them can be benefited, few of them cured. But many have achieved, even to greatness, in spite of epilepsy: Julius Cæsar, Feodor Dostoievsky, Molière, Flaubert, Handel, Petrarch, Charles V, Peter the Great, and many more.

CHAPTER IV

MOTIVES

Dynamic section, dealing with the sources and distribution of the power that drives the machine

I. INSTINCTS AND THEIR ELABORATION

II. THE DISCOVERY AND DISCOVERIES OF PSYCHOANALYSIS

III. THE LAWS OF UNCONSCIOUS MENTATION: THE STAGE METAPHOR

1. Conscious, foreconscious, and unconscious
2. Suppression and repression by the censor
3. Disguises and masks
   a. Projection
   b. Introjection
   c. Transference
   d. Condensation
   e. Displacement
   f. Elaboration
   g. Reversal
   h. Rationalization
   i. Purposive accidents
   j. Over-compensation
   k. Symbolization
4. Progress of the play
   a. Getting ahead of itself (Precocity)
   b. Getting hung up (Fixation)
   c. Backing up (Regression)

IV. PERSISTENT FANTASIES OF THE UNCONSCIOUS

1. The Jehovah complex
2. The Jesus complex
3. The theory of sacred and profane love and the two kinds of women

    4. Fantasies of extraordinary birth and of royal lineage
    5. Fantasies of patricide, matricide, and fratricide
    6. The guilt complex and propitiatory compulsion
    7. Fantasies of cruelty
    8. Fantasies of contamination
    9. The theme of the magic wand
    10. Fantasies of rebirth

V. PSYCHOANALYSIS APPLIED

VI. SUMMARY

"When a man is no longer under the grinding necessity of acquiring food for his next meal, he will turn to other things—to the operations of the stock exchange, to politics, racehorses, or the gathering of first editions. When a woman no longer needs to exert any mystical fascination of limb or lip to capture a sugar-broker, she turns to lyric poetry or dyspepsia. But in none of the variegated depravities of the mind or soul—the plan of the battle of Austerlitz, the Fifth Symphony, the ritual of the Holy Communion, the belfry tower at Bruges, the organization of the Standard Oil Company, the 'Ode on a Grecian Urn,' or Rob Haselton's collection of postage stamps—can I discern anything but a weak disguise either of the means to acquire food and shelter that they may be converted into energy and tissue, or of the means to acquire a mate in order that another individual may be reproduced."

—LOGAN CLENDENING, in THE HUMAN BODY

MOTIVES

Why does the trout want to get away?

What keeps the engine going?

Why do we live and love and fight and envy and play music and tell stories and plant potatoes and have delusions and hallucinations and bad dreams and ambitions and quarrels with the neighbours?

Prior to the discoveries of Sigmund Freud we* could only answer: "Instinct." We had a vague notion that there were several instincts—maybe scores of 'em. Anyway, they drove us on towards certain goals, we thought—self-preservation and race-preservation.

But how? How could the same instincts appear as philanthropy and politics and poetry and paranoid delusions, in different individuals? There must be some hidden influences, some unseen moulding and guiding and repressing forces. This we knew long before Freud.[1] But we knew of no way to get at it—no good way, at least. There were hypnotism and automatic writing and a few such tricks. But all they had taught us definitely was that there *is* a psychic underworld, a nether region, and that *we* are not aware of all that *we* are thinking.

THE DISCOVERY AND DISCOVERIES OF PSYCHOANALYSIS

What Freud discovered was a method for learning systematically about these hidden things in people's minds. This technique is called the psychoanalytic method. Psychoanalysis is the application of this method to a patient or to any of the phenomena of human life, such as a certain custom, or a tradition, or a dream, or a picture, or a poem, the better to understand the unconscious motives and mechanisms which produced the external appearances.

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* We scientists, I mean, had no other answer. We wouldn't listen to the novelists, and poets and philosophers. Some of them had guessed it.

[1] "I cannot but think that the most important step forward that has occurred in psychology since I have been a student of that science is the discovery, first made in 1886, that, in certain subjects at least, there is not only the consciousness of the ordinary field, with its usual centre and margin, but an addition thereto in the shape of a set of memories, thoughts, and feelings which are extra-marginal and outside of the primary consciousness altogether, but yet must be classed as conscious facts of some sort, able to reveal their presence by unmistakable signs. I call this the most important step forward because, unlike the other advances which psychology has made, this discovery has revealed to us an entirely unsuspected peculiarity in the constitution of human nature. No other step forward which psychology has made can proffer any such claim as this."—William James: *The Varieties of Religious Experience,* p. 233.

From such applications the laws governing subsurface workings of the human mind have been derived through the work of many scientists. Freud's discovery of this subsurface material is quite comparable to the discovery of the minerals beneath the *earth's* surface. Important as was the first discovery of coal, or iron, or oil, the discoveries of Freud are probably, in the long run, of far greater importance to the race.

It came about in this way. Freud had been practising neurology in Vienna, and had, in his researches, (1884) made the celebrated discovery of the local anæsthetic effects of cocaine. In 1885 he went to Paris, drawn thither chiefly by the great Charcot who was demonstrating the treatment of hysteria by hypnotism, whereby a patient could be induced by suggestion to (temporarily) relinquish his nervous symptoms.

Freud told Charcot about some discoveries that a colleague, Breuer, had made a few years previously, particularly in the study of a woman who had apparently been cured by directing the hypnotic suggestion to an investigation and recollection of some long forgotten painful scenes, which proved to be definitely connected with the symptoms from which she had been suffering. Charcot was not interested in this "chimney sweeping" method but Freud returned to Vienna convinced that talking out the cause was a better principle of treatment than blindly forcing out the symptoms by hypnosis.

He and Breuer worked together on this principle for a few years and published (1895) the first book on the psychoanalytic method *(Studien ueber Hysteria)*. Soon afterwards, however, Breuer withdrew and thenceforth even to the present moment, the psychoanalytic movement centered chiefly about the extraordinary personality of Sigmund Freud.

It is impossible to overestimate the greatness of Freud or the importance of his work. For his greatness depends not alone upon his revolutionary discoveries but upon the fact that in spite of them and in spite of ridicule, abuse, misunderstanding and criticism, even in spite of a latter success beyond the dreams of ordinary men, he has maintained his poise and preserved his objectivity. From the standpoint of his contributions to science if not indeed to everything that concerns human beings, Freud stands supreme among the men of the earth along with Galileo, Columbus, Darwin, Leonardo, and Newton.

Freud's first discovery was that painful forgotten episodes may be recalled by freely talking out oneself with *free associations* to a passive noncritical listener and that such a process often alleviated symptoms caused by those buried *complexes.* The "cathartic" method of relieving the mind and soul has been known ever since the Catholic confessional was instituted—and probably long before. But there were certain other features about this talking cure, which Freud observed and studied and formulated into general principles, after the method of science.

Freud discovered a technique for relieving distress of psychic origin, for showing people to themselves and loosing their bonds; and he discovered that with the use of that same technique we could ascertain what went on in the depths of the human mind. He learned that all surface material was related to subsurface material by complicated, concealed bonds of linkage. He reaffirmed the law of *psychic determinism*—that is, that nothing psychological happens by chance, but always and only as the result of pre-existing and determining factors, which may or may not be evident or discoverable. A slip of the tongue, an "accidental" forgetting, a thoughtless ejaculation, day-dream fancies, even the apparent nonsense of dreams at night, were found to have definite producing causes and definite utility in adjusting the individual to internal and external stresses.

DREAMS

Much of Freud's research[2] centred in the way in which dreams serve as indices of the unconscious trends of the mind. He found that dreams could be interpreted in the light of earlier (forgotten) experiences and yearnings, and present conflicts and frustrations, just as symptoms could be thus interpreted. The technique was just the same. The laws of interpretation were just the same. It has long been recognized by thoughtful people that dreams represent in some way our forbidden wishes. Plato[3] discussed this, and even Heraclitus alluded to it.[4] What Freud did was to work out a technique

[2] Freud's great monograph is his *Interpretation of Dreams,* New York, The Macmillan Company, 1921, first published in German in 1913.

[3] "Certain of the unnecessary pleasures and appetites I conceive to be unlawful; every one appears to have them, but in some persons they are controlled by the laws and by reason, and the better desires prevail over them—either they are wholly banished or they become few and weak; while in the case of others they are stronger, and there are more of them.

"Which appetites do you mean?

"I mean those which are awake when the reasoning and human and ruling power is asleep; then the wild beast within us, gorged with meat or drink, starts up and having shaken off sleep, goes forth to satisfy his desires; and there is no conceivable folly or crime—not excepting incest or any other unnatural union, or parricide, or the eating of forbidden food—which at such a time, when he has parted company with all shame and sense, a man may not be ready to commit." Plato, in the *Republic,* Jowett's translation, Book IX.

[4] "*Protagoras.* Do you not remember the saying of Heraclitus, 'For the waking there is one common world, but of those asleep each one turns aside to his own privacy?' And do you suppose that if we acted on our dreams, we could with impunity do what we dream? Is it not merely because we lie still, and do not stir, that we can indulge our fancies?"

From Chapter XIV, Protagoras the Humanist, in F. C. S. Schiller's *Studies in Humanism,* Macmillan and Co., Ltd. London, 1912.

whereby anyone who would could penetrate the disguises and discover these underlying wishes.

It strikes many people as incredible that there should be any serious significance to dreams. Dreams seem to be totally meaningless, utter nonsense, the excreta of the mind. We need only recall, however, that it would once have been considered ridiculous for a doctor to examine a patient's urine. Because it is the excretion of the body, chemical examination of the urine enables us to tell something of the condition of the body from which it is excreted. In a similar way, dreams, under the proper sort of analysis, indicate something of the condition of the mind which casts them forth.

The Harlequin of Dreams

Swift, through some trap mine eyes have never found,
  Dim-panelled in the painted scene of Sleep—
  Thou, giant Harlequin of Dreams, dost leap
Upon my spirit's stage. Then Sight and Sound,
Then Space and Time, then Language, Mete and Bound,
  And all familiar Forms that firmly keep
  Man's reason in the road, change faces, peep
Betwixt the legs and mock the daily round.
Yet thou canst more than mock; sometimes my tears
  At midnight break through bounden lids—a sign
  Thou hast a heart; and oft thy little leaven
Of dream-taught wisdom works me bettered years.
  In one night witch, saint, trickster, fool divine,
I think thou'rt Jester at the Court of Heaven!

Sidney Lanier: *Poems of Sidney Lanier* (New York, Charles Scribner's Sons, 1924).

LAWS OF THE UNCONSCIOUS

All these discoveries of Freud resolve themselves into a theory about the way in which instinct acts to motivate human conduct. We start out with the proposition that back of all living things there is an energic drive to accomplish certain ends, which brings about a state of tension within the individual until its gratification is achieved. There is no good reason why we should not go on calling this drive instinct, except that "instinct" is used in various other ways. Freud suggested that it might be called love; someone else suggested the Latin word *libido*, which means simply desire. Whatever it is called, it means the stream of primitive energy.

The division of this stream of energy into self-preservative and race-preservative tendencies is probably not present at birth. Originally it is one undivided stream, directed back upon the individual himself. In this sense Herbert Spencer was right when he said that self-preservation is the first law of life. It is chronologically first. A baby is interested in nothing but itself. (Strictly speaking, it is at first not even interested in itself; the stream of energy is entirely undifferentiated.)

A little later there is a split-off from the main stream of energy and the race-preservative or social or sexual instinctive trend begins to develop. Gradually, as more and more opportunities appear for investing love in other creatures than in oneself alone, this stream assumes larger and larger proportions until the instinct for race-preservation rivals, competes with, and finally, in most cases, completely vanquishes the instinct for self-preservation. This is most clearly seen in the insects that spend months and even years in reaching maturity, then spend a few glorious minutes or hours in fertilizing or laying their eggs, and die forthwith.

Much of this theory is old stuff. Its main tenets were generally agreed upon long before Freud came upon the scene. But the discoveries of Freud introduced certain new elements. In the first place, it had always been assumed that the sexual instinct lay dormant in human beings until late adolescence; that is, until the physical manifestations of sexual activity appeared. Freud was able to show that there are undoubtedly psychological indications of sexual instinct many years before this. He referred to sexual interests; that is, interests in other personalities besides the self. In other words, there is no psychological distinction between sexual and social. If Freud had only used the word "social," which would have served his purposes just as well, he would have staved off an enormous amount of criticism on the part of people for whom "sexual" means "genital." There actually are thousands of people who literally believe that Freud claims that two-year-old babies contemplate cohabitation. This is no attempt to be facetious. It is an attempt to point out that what Freud showed was simply that babies begin to be interested in people and that interest in people is not a part of the *selfish* instinct, but a part of the *unselfish* instinct; furthermore, that the unselfish instinct is identical with the race-preservative instinct; and, finally, that the race-preservative instinct is the sexual instinct. The sum of this equation is to say that selfish instinct, or self-love, and the unselfish instinct, or the love of others than ourselves, part company very early in life.

The next innovation of the Freudian theory, or, as some call it, the new psychology, was the discovery that after these two phases of instinct or *libido* (the selfish and the unselfish, or ego and sexual trends) have parted company, they proceed to come into an increasing amount of conflict and collision.

Everyone knows that you can't have your cake and eat it, but apparently no one had stopped to consider the fact that neither can you have your cake and give it away to your best girl. Whether to eat the cake or give it to his girl, whether to go to a prize fight or take Mary to a movie, whether to finish his college course and go on with his plans for a career or quit in the middle of things and marry his sweetheart, whether to play golf or take the children to the circus, whether to invest in life insurance or in a new stock company, these are some of the corresponding conflicts at different periods of life. Of course there are other kinds of conflicts. There are conflicts within the stream; there are conflicts of choice—shall I be a doctor or a lawyer? Shall I marry Mary or Helen?

These conflicts may be conscious and obvious, such as those just mentioned, or they may be entirely unconscious and unknown to the individual who is experiencing them. In either case it is necessary to thwart one and gratify the other, or else make some sort of a compromise. Now, this sort of hand-to-hand combat is going on in a thousand parts of the mind every moment of the day. All that appears on the surface is the result of the compromise. One element of the struggle, at least, and sometimes both elements, are held in abeyance in the unconscious; this is the process of repression, which is a corner-stone of the Freudian theory. The thing which is repressed is something of which the rest of the personality does not approve. It doesn't approve of it for a great variety of reasons; it conflicts with other desires of the personality, it conflicts with what is socially permissible, or rather what the individual thinks is socially permissible; it conflicts with other wishes, it conflicts with available opportunities.

Now, from this imprisonment the repressed instinctive tendencies—that is, wishes—continue to escape. They escape by means of assuming disguises or undergoing modifications. These mechanisms constitute a large part of the data of the "new psychology" (which comprises merely the dynamic aspects of "old" psychology).

Suppression and repression represent the forces opposed to the pouring out of ideas and the expression of wishes. They are the forces opposing instinctive tendencies. They act in accordance with the education and idealism and moral training which the individual has had. For this reason they are called in recent technical literature the function of the *ego ideal*. The assumption is that the ego is trying to express itself, to gratify its instinctive tendencies, but it may do so only in so far and in such a manner as it is permitted by the ego ideal or censor, or, as we shall call him here, the stage-manager.

A man had invited his wife to go to the theatre. About dinner-time, however, the aged mother, who lives with them, appeared to be ill, and they gave up the theatre project. They *suppressed* the desire to attend the theatre in deference to their anxiety about the mother-in-law.

They were quite conscious of suppressing this wish; they did not tell the mother how disappointed they were, although they were quite conscious of such a feeling. But in addition to these conscious feelings, there were certain other wishes also interfered with by the change of plans of which the couple was quite unconscious. We can only postulate what these may have been. They probably nourished some very deep-lying wishes to escape from the old lady, if only so far as the theatre. There may have been some satisfaction in the selfish core of their hearts in the very fact of the old lady's sickness. They may have wished, with some justification, that she would die. But none of these thoughts came to the surface. They were *repressed*.

THE STAGE METAPHOR

To illustrate all this, and the technical terms employed, I know of nothing so illuminating as the stage metaphor.

Think of the mind as a theatre. Let the field of consciousness be represented by the stage. On it, from time to time, there come and go certain actors (ideas and desires), directed from the wings by a stage-manager (the censor or ego ideal), who has derived his standards and experiences from training and example and precept and pictured ideal—from the lives and mouths of parents, teachers, early friends, and other early influences.

All of the actors—and we infer that there are very many of them—want to act. They will get on to the stage, if possible. The stage-manager holds some of them off stage merely until the proper time for their appearance. They are suppressed *pro tem.*, and come or go as called. Others never get on the stage at all. They are poor actors, or unclothed and motley, or belong in another show, and so have no business clamouring for admission here. Most of them are not even in the wings (the *fore-conscious*), but are outside the theatre, thrown out, perhaps, in the course of previous rehearsals and performances. They noisily demand to be let in, hoping to get on to the stage, but the confusion they create is not heard on the stage or in the audience. These actors, locked outside, are repressed ideas and desires.

Correspondingly, *suppression* is used technically to describe the conscious and deliberate pushing back of one desire in deference to another. It is, in effect, equivalent to "inhibition" and "self-control." *Repression* is the holding back of ideas and wishes from consciousness—that is, not holding something back from someone else, but from oneself.

Now, to revert to the metaphor, the repressed, and even the suppressed, actors may trick the stage-manager by disguising themselves in various costumes and masquerading as proper actors in the show. They are never wholly proper, and the keen eye may detect their real identity and trace their origin. But the average playgoer (the ordinary person) will think only that the play is here and there a bit shabby or clumsy or strange.

Essentially psychoanalysis is concerned with a study of the distribution of a person's energy, and the various modifications and disguises which cloak the original intentions, cloaking them from the person himself even more successfully as a rule than from the outside world.

Hence a study of these disguises is highly essential to an understanding of the dynamics of the mind. If they serve some external utility they are called *sublimations;* if not, they are called *symptoms* if occasional, and *character traits* if persistent. Things like dreams and purposive accidents constitute a fourth class of incidental disguises.

The propensity to cut and shed blood, for example, may appear beautifully disguised in the surgeon (sublimation), less prettily so in the butcher (still a sublimation), and unhappily so in the neurotic who feels impelled to cut someone (symptom); and dangerously so in the Jack-the-rippers who carry out such impulsions (character traits). And which of us has not, in a puny moment, fancied himself a St. George or an intrepid d'Artagnan? (Dream.)

DISGUISES AND MASKS

There are a dozen different ways in which the original instinctive purpose or intention is modified or disguised. Each of these will now be presented, with a definition and then one or several illustrations of the way they look. This is the order in which they will follow:

Projection
Introjection
Identification
Transference
Condensation
Displacement
Elaboration
Reversal
Rationalization
Purposive Accidents
Over-compensation
Symbolization.

(a) *Projection*

Criticism levelled at others is often an attack which applies more aptly to ourselves, but which, rather than endure, we deflect toward some innocent person or toward some guilty goat who, because it is partly true, will suppose that it had no other motive. "Judge not, that ye be not [thereby] judged." This is projection.

Projection in Shakspere:

The player-queen in *Hamlet* expresses her attitude towards a second marriage (already secretly contemplated by her) in this vigorous projection:

> The instances that second marriage move
> Are base respects of thrift, but none of love. . . .
> Nor earth to me give food, nor heaven light!
> Sport and repose lock from me day and night!
> To desperation turn my trust and hope!
> An anchor's cheer in prison be my scope!
> Each opposite that blanks the face of joy
> Meet what I would have well and it destroy!
> Both here and hence pursue me lasting strife
> If, once a widow, ever I be wife!

The real queen drily comments on this, recognizing the psychological mechanism, although not by name: "The lady doth protest too much, methinks."

Projection in everyday life:

Walter and Helen had been "going together" since their sophomore year. Things had become fairly settled. Neither one was much interested in anyone else.

During the summer vacation they were widely separated. Helen went with her parents to California, while Walter secured a position in Cleveland. They corresponded regularly and renewed all the old vows and protestations. Apparently the summer was uneventful and they both returned to college and to each other in the fall quite unchanged.

But upon the occasion of their first "date" there was a grand row. In thinking it over afterwards neither could exactly explain it. Helen seemed determined to find some fault in Walter; she appeared to have a chip on her shoulder which she was glad to have him knock off. When he did, the storm broke. Helen berated him for all sorts of faults, real and imaginary. The chief allegation seemed to be that he no longer showed any evidence of love for her, and the only explanation of it was that he had become embroiled with some girl in Cleveland and forgotten his loyalty to Helen. It was quite evident that Helen felt all this very deeply; it was real suffering for her, and of course for the innocent and astonished Walter.

Such a disguise is only too familiar to all of us. What is disguised (not only from Walter, but from Helen herself) is the fact that the criticism and displeasure and censure she directed towards Walter should have been directed towards herself. Actually it was *she* who had been flirting; not much, but enough to hurt her conscience and hurt it so deeply as to provoke a defence reaction of this type.

Projection is frequently the mechanism in delusions:

"A young woman student had at various times a number of attacks which invariably began with her becoming attracted by one of her professors. She would for a time talk a great deal about him, of how able and attractive he was, but without intimating that she was falling in love with him. Then she would begin to think that he was falling in love with her. This would seem to please and amuse her at first, but soon she would get the notion that he was hypnotizing her, and her pleasure would be succeeded by anger. She would complain that through hypnotic influence he was putting into her mind all sorts of erotic fantasies about him, that by telepathic suggestion he gave her impulses to come to his apartment, etc., all of which would get her into a state of great rage and excitement and she would have to abandon her studies. Thereupon the attack would gradually subside, only to be repeated in connexion with some other teacher when she resumed her work.

"It is apparent that this patient's delusional ideas were nothing but a projection of her own erotic interests in her teachers. What she felt as a hypnotic or telepathic influence brought to bear upon her from without was simply an externalization of her own desires. Her anger against the teachers represented her pathological resistances against these desires. Presumably had she been able to regard her sexuality in a normal way, as something perfectly legitimate and wholesome, what appeared as delusional attacks would otherwise have been ordinary love affairs."[5]

A dramatic historical example of projection:

"The signs of the possession appeared in the Ursuline cloister of London

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[5] H. W. Frink: *Morbid Fears and Compulsions* (New York: Moffat, Yard and Company, 2nd edition, 1921), p. 99.

(1632—39). The nuns accused a good-looking priest of the town, Urbain Grandier, of having bewitched them. The principal role in the epidemic is played by Madame de S., the superior. She was a proud woman of lively intellect and marked hysterical temperament. The hallucinations began with her. During the night a phantom appeared to her in whom she recognized her deceased father confessor. The phantom explained to her that he had simply come to console her, and to instruct her about various matters which he had not had time for during his life. On the following night the phantom again appeared. But this time a change took place in it. She perceived suddenly a strange alteration in the person, and he spoke to her. He was no longer the person of her father confessor, but the visage and body of Urbain Grandier; who, changing his intentions with his countenance, spoke to her amorously and assailed her with enforced and shameless tendernesses. The sexual hallucinations of the superior were repeated not only every night, but also infectiously.

"'And the majority of the nuns, as well as other girls annoyed by evil spirits, hallucinated that they received nightly visits from Urbain Grandier, and had carnal commerce with him. Their senses were deceived in such measure that the accusations which they brought against the innocent priest had the appearance of absolute truth and were well calculated to convince unprejudiced judges.'

"After being put to the most extreme tortures, Urbain Grandier was burned to death."[6]

(b) *Introjection*

Introjection is the opposite of projection. Instead of palming off our faults on someone else, we may award ourselves their virtues, or even their faults. Identification is the most frequent variety of introjection.

Mr. and Mrs. Pierce are movie fans. They go regularly to the theatre and derive great pleasure from the pictures. Mr. Pierce is particularly fond of Douglas Fairbanks. "There's a real actor," he declares. "He can do anything and do it well. He's strong as an ox and yet so limber and athletic it's a joy to watch him. It takes me back to my own younger days when I could do that stuff. I go through with every leap and climb with him, and I go home feeling muscularly tired, but happy."

Mrs. Pierce is equally partial to Mrs. Fairbanks. "She's so sweet and pretty!

[6] Paul Recher: *Études cliniques sur la grande hystérie*, p. 816.

Even if she is getting older she doesn't show it. And she always does take the most romantic roles! My, I just laugh and cry and love all through it."

Mrs. Ward had struggled through a pitiful childhood and a painful adolescence. She and her husband early resolved that their children should have the privileges and pleasures they had been denied, just as far as it was possible.

Of course they must go to college. Mr. and Mrs. Ward had both wanted to go to college. Their children must do it for them. And so throughout their college life the Ward children were followed by the fond and wistful eyes of their parents, who suffered with them their every minor defeat and outdid them in rejoicing at every success. Every scrap of detail they eagerly devoured. Kindly friends said the Wards were getting more out of their childrens' college life than the children themselves.

"A young woman who came to me complaining of insomnia and a depression of two years standing, mentioned during the course of the second visit that the night before she had dreamed of Evelyn Nesbit Thaw. I asked her, very casually, what she thought of Mrs. Thaw, whereupon she at once launched upon a most vehement and passionate defense of that celebrated young woman. Since her emotion concerning Mrs. Thaw, whom she had never seen, was obviously excessive, I concluded the patient must identify herself with her. Inasmuch as her defense had to do entirely with the question of sexual temptations to which the lady had been alleged to have succumbed, I also decided that she too must have yielded to some temptations of that character, and that such was the basis of the identification. And this proved actually to have been the case. . . . Her defense of Mrs. Thaw was then in essence a defense of herself." [7]

(c) *Transference*

Instead of identifying ourselves with Mr. A., we may identify Mr. A. and Mr. B. with each other and then treat Mr. B. as we really feel or felt towards Mr. A.—This is called transference.

In almost every town there is an old family physician who may or may not have any scientific ability, but who is regarded by thousands of families of that city as a kind of lesser god. Old Doctor Jones can be as arbitrary, as picayunish, or as bullying as he pleases, and his pronunciamentos are accepted as words of the oracle. He is called in to advise on every subject from what to name the new baby to whether Mary should go to China as a missionary. "I don't know what we'd do without Doctor Jones" is a standard remark, to which all of the other patients of Doctor Jones chorus a standard reply of ditto. The devotees of young Doctor Brown, on the other hand, are frankly mystified by this curious devotion to a man whose scientific ability and whose personal attractiveness is far inferior to that of their own physician.

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[7] H. E. Frink: *Morbid Fears and Compulsions*, p. 169–70.

The explanation of this is that Doctor Jones secures *transference* from his patients, quite irrespective of his scientific ability. This will be made more understandable by a superficial analysis of one of my own patients, whom I will call Mrs. Cooper.

Mrs. Cooper had been treated by a large number of methods in the hands of a large number of doctors for a large number of symptoms, without avail. One of her physicians sent her to me. Mrs. Cooper came to regard me in the same fashion as I have described the patients of Doctor Jones as regarding him, but because she was very intelligent and because she was undergoing psychoanalysis, she found out just why this was and I shall try to outline the main reasons.

She discovered, after a long search, that I resembled her father, for whom she had as a child a boundless love and admiration. There were some physical resemblances; a moustache, a certain gait, a kind of fingers. Her father had been a school-teacher and she was always interested in the fact that I was teaching in college. Her father had studied medicine at one time, as of course I had. Her father had been interested in psychology, which is related to psychiatry. Her father had had two daughters and a son, which she ascertained to be true of me. Her father's views on certain subjects were, as she recalled them, about the same as my own. And she came to realize that she was acting towards me precisely as she had acted towards her father thirty years previously.

Now, for all the plausibility of this explanation, the astute reader will soon see that these discoveries are not the reasons for this patient's transference to me, but were discovered as the result of it. In other words, she found all these reasons to justify her for feeling as she did. She felt towards me as she once had towards her father. Patients expect physicians to have a maternal or paternal attitude towards them, to sympathize with them and want to help them out of their distress. This attitude more than the particular facts of similarity enable the patient to identify a doctor with his or her father or even mother and feel and act towards the doctor as they once did towards their mother or father.

A curious consequence of transference, which will further illustrate the nature of the phenomenon, is what is called the *transference cure.* Every psychiatrist has had scores of patients who have been sick for a long time with a nervous illness and who are miraculously cured after a few interviews with him. He may or may not say anything worth saying. In these particular cases it doesn't matter. The patient is cured if he or she happens to develop a strong transference and feels that the physician's attitude is reciprocal. This does not mean that the physician must love him or her in the ordinary sense, but that he must be loving in the same way that the original person of the transference—that is, the mother or father—was loving.

The only trouble about these cures is that they last only so long as the transference lasts, and that the transference depends upon renewed contacts. This is why some people are well as long as they keep running to the doctor, even though he may appear to do nothing for them.

The fact that a patient under psychoanalytic treatment develops a transference to the analyst often becomes apparent first in the dreams related by the patient. Patients who would never admit any such conscious feelings will bring dreams which frankly involve them in affairs or situations with the doctor. Naturally these afford them some embarrassment.

Other patients are still more subtle in announcing their transference. For example, a patient of mine dreamed that a certain Mr. Jones of her acquaintance had handed her a flower. Presently she recalled that Mr. Jones was an undertaker and mentioned with a smile that she thought I had undertaken a good deal when I had undertaken to analyse her neurosis. She went on to mention half a dozen characteristics of Mr. Jones more or less applicable to myself, and soon it became apparent that in the dream Mr. Jones represented me. The symbolism of handing a woman a flower probably needs no clarification. Its romantic meaning and its psychoanalytic meaning have precisely the same basis. The dream, like all dreams, represented a repressed wish delicately cast, and it indicated transference because, after all, it was not I she desired, but one for whom I stood.

NEGATIVE TRANSFERENCE

When the transference is unfriendly, antagonistic, hostile, instead of amicable, it is called *negative* transference. Of course the mechanism is the same.

> "I do not love thee, Doctor Fell,
> The reason why I cannot tell;

But this alone I know full well,
I do not love thee, Doctor Fell."

Why? Because Dr. Fell represents, without our knowing it, and for reasons of identification which only a deep analysis would uncover, a person or aspect of a person whom once, earlier in our lives, we feared or hated.

Another example of negative transference:

"Cadet A was referred by his tactical officer (military instructor) for poor scholastic work (he had previously been an excellent student), indifference and an attitude of resentment to correction. The patient lost no time in assuring me that the trouble was not with him, but with his superior, who, he said, was arbitrary, mean, and unreasonable. During the course of our talk it was learned that the boy thought his father had never understood him and had been unusually severe and unreasonable. Though the boy had seriously resented such treatment at the time, his attitude had been mellowed by the years that had elapsed since he left home. The analogy between the two situations, the parental and the present, was pointed out to him. It was explained that his tactical officer (really one of the most just and efficient at the academy) was merely a symbol for the father and hence the recipient of all his resentment. A complete transformation came about in this lad within twenty-four hours, a transformation that surprised the physician more than it did his officer, and the change has been a lasting one." [8]

(d) *Condensation*

Multum in parvo. Several ideas may be telescoped into a single word or phrase; the Postal and the Western Union code books contain excellent although arbitrary illustrations of this.

Condensation in a name:

One of my patients wanted to name her new baby Constadine. She said she had never heard the name before, but it came to her with a strong feeling that she must call her child that. Later we found out why.

Constadine is an elision of *constant* (and *constancy*), *Nadine* (a girl's name), *cod(e)ine* (a drug), and probably some other words. But each of these had an important meaning to my patient. I can indicate only briefly what was entailed.

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[8] Reported by Dr. H. N. Kerns, of West Point, in "Acute Mental-Hygiene Problems Found Among College Men," *Mental Hygiene*, Vol. IX, no. 2 (1925), p. 274.

Constant is what our lady had *not* been; and it is what she hoped and prayed that her daughter, on the other hand, might always be. Hence she wanted her to be called Constant.

Nadine turned out to be the name of a woman with whom her husband had once flirted. To justify herself for her own inconstancy she had tried to convince herself that her husband really loved Nadine or some other woman and that it was he who had been inconstant and hence justified her own intrigue. In this sense she wanted her husband to love both Nadines—the old Nadine and the new Nadine, this daughter.

Codeine is a narcotic drug; she had been so disturbed over her problems that she had been sleepless and had taken a few codeine tablets, thinking to force sleep. Now, codeine is a poor sleep-producer, and it is not a drug predisposing to habit-formation. But my patient didn't know this and was doubly worried over this additional sin and danger. And this, too, she wove into the name of the child in an obsessive fashion, because she felt she must confess (to the world) that she was a drug addict (which of course she wasn't). She also wanted to blame her sleeplessness, and hence also the codeine, upon her pregnancy—that is, upon little "Constadine."

Condensation in a dream:

Anna, a senior in college, who was having a rather unhappy time of it, reported to me that she had dreamed that her sister got married. This apparently simple dream actually condenses a great many ideas and wishes, quashed and withheld from the "stage" of consciousness until by means of this *condensed* disguise they escape. Here are some of the facts.

This girl's sister, of whom she dreamed, was much prettier than my consultant. She had immediately become popular and sought after; joined a sorority, entered into numerous activities, and had many dates. In sharp contrast to this, Anna had been distinctly unpopular and unnoticed. This painful differentiation had in a measure been present since early childhood, and Anna's heart was fairly eaten out with envy and jealousy. Yet her little sister was as amiable towards her as she was towards everyone else; in fact, more so, so that Anna was the recipient of all her confidences and served as comforter and adviser and foster-mother. This gratified Anna to a large extent and made her deeply affectionate, in spite of her jealousy towards her little thorn-in-the-flesh sister.

Yet for this sister to have got married, as Anna dreamed, would have gratified Anna in several ways. In the first place, Anna had for years lived her life in part through an identification of herself with her sister. "To have sister married as I dreamed," she said, "would be almost as good as being married myself." Thus it really was a wish that she herself might be married, using her sister as a sort of representative symbol. In the second place, it would have removed the sister from the competition for a husband. In the community in which they lived it was unavoidable that the two sisters should have been compared as to eligibility, with all the preferences in favour of the sister.

There was a more subtle and still more reprehensible notion concealed in this dream. Anna's sister had come to her the day before with some anxieties. "Is it true," she had asked, "that having a baby is such a terrible thing for women? Maude Martine said her sister-in-law nearly died last week in the hospital. It sort of scares me, because I do want to get married some day. When I was a girl I used to think it was almost certain death to have a baby, and now all this talk gets me awfully worried, some way. I wish I really knew something about it."

Well, of course Anna reassured her sister, told her what she knew, pointed out the common-sense view that if childbirth were so terrible there would long since have been no people, and so on. Thirty minutes later the matter was forgotten. But now the facts of the matter are that Anna herself had also once entertained such notions about the fatal nature of childbirth; she had laid such childish misconceptions aside long ago, she thought, but she had carried them round in her unconscious ever since.

So it appears that behind the simple dream, as well as the less reprehensible but selfish meanings, were such sinister thoughts as these: "Let her go and get married to one of these fellows if she's so crazy about 'em. . . . It's as good as suicide! . . . I used to think it was and it probably is . . . but that clears the decks for me, anyway."

Condensation in speech:

Dean Pound of Harvard was asked to speak extemporaneously. "That," said he, "usually means extemperroneously." The governor of Kansas was once a possible candidate for the presidential nomination. For a time he was undecided as to whether or not to relinquish his chances for re-election as governor. My friend Tom McNeal spoke of his "guberdential" ambitions.

Condensation in writing:

A high school girl of seventeen was under treatment for a typical hysteria of short duration. In discussing certain guilty fantasies one morning, she gave me a memorandum upon which had been written several topic words. One of them was the word "shiek." When asked about this, she said: "Oh, yes, you know that moving picture that was here; well, I saw the movie. The book is worse than the movie. I didn't read the book, but I know all about it!"

I said I knew something of it.

"Well," she went on, "I've had day-dreams about that. I've fancied that I was that woman and went through with the whole thing."

"But," I asked her, "does this spell 'sheik'?"

"No," she said, "it doesn't, does it? SHEIK spells 'sheik.' I've misspelled it."

"Why?"

After a pause she said: "Well, I guess I wanted it to be 'I' (shIek) instead of 'she' (SHEik)" (that is "I" wanted to replace "she").

(The story is actually that of an English woman who was abducted and raped by a sheik with whom she eventually falls in love, only to discover that he is after all a nobleman in disguise.)

(e) *Displacement*

The disguising of a wish or fear or hate by substituting another person as the object of the emotion is called displacement.

A domestic example of displacement:

Having teased and irritated his wife to the point of explosion, Mr. Baker put on his hat and left for the office. Mrs. Baker was thoroughly wrought up. Her husband had dodged like a coward; he flung these taunts and accusations at her and then lit out; she was chained to that house and the confining routine of it with no chance to get back at him. He could leave, yes, and he could forget it all in a few minutes, but she must wash dishes and sweep and make beds, and do all the things that give you too much time to think. The smallness of that last remark, the insinuating nastiness of it! After all she had tried to do to help him get somewhere in the world—no more appreciation than that! To trump up all those taunts and accusations!

Just then her five-year-old son came bursting into the house from his play outdoors. "Mother! Mother! Listen. Harold and I have got a swell stunt. We're going over to his house and get the wheelbarrow and make it into—"

That's as far as he got. He had tracked a little mud on to the porch. It was not much, but it was infuriating. Mrs. Baker fairly screamed. She jerked the child into the house, she shook him, she pointed at the mud and at his feet and harangued the child as if he had stepped in blood. He burst into tears, which only made her the angrier. She seized a hairbrush and thwacked him vigorously. Howls of protest mingled with scoldings and recriminations.

No one ever knew—not the husband, certainly, nor the little boy, and not even the mother herself—that she had released a forbidden actor in disguise—the disguise of displacement.

A schoolroom example of displacement:

"Up to the age of fourteen or fifteen years he was the 'best pupil' in the school but at that period a complete change came about. Study as he would he always had the feeling that he could not learn. At every examination he felt that the teacher was asking something he knew nothing about, which was set down in no textbook. 'Now what is this,' he asked himself, 'which is to be found recorded nowhere, which no one has told me but which I must answer nevertheless? All my thoughts were so penetrated by the emotion of dread that I was incapable of entertaining any clear idea. My mind seemed void and empty. What was it, then, that I was afraid of being asked? Nothing that I knew, certainly. Then it was something that had no connection with real life. Perhaps it is a certain question which I carry in my head, of which my head is full and with which my thoughts are constantly occupied. Of one thing I am certain—when I was fourteen or fifteen years old I was constantly afraid that the teacher would ask if I had any bad habits. I thought it was something connected with sexuality. I was also afraid, perhaps, that the teacher would go further and ask what else I did. Too, I was very unwilling to permit my mother to go to the teacher, even when my standing in the school was good. I was afraid that the teacher might ask my mother what I did at home. Still another fear distressed me: if I should ever give the teacher the right answer he might spring at me, attack me, and then something awful would happen.'"[9]

Evidently this lad feared detection and punishment, presumably by his parents, for secretive sexual indulgences concerning which he felt painfully guilty. He displaces not only the person feared, but the *casus belli*.[10]

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[9] J. Sadger: "Concerning Fears of Examinations and Dreams of Examinations," *Internationale Zeitschrift für Arztliche Psychoanalyse,* Vol. IV, no. 2.

[10] For other examples of displacement, see the first illustration under (h) Rationalization and the fourth illustration under (j) Over-compensation, pages 283 and 285.

(f) *Elaboration and Distortion*

The disguise of ornamentation and arabesques, and the disguise of partial alteration.

Strictly speaking, elaboration is the disguise of hiding the actor under a mountain of costuming—a needle-idea in a haystack of words—and such things. Distortion is the curved-mirror sort of thing—a disguise of slight but cumulatively important trifles.

The following illustration entails both of these closely related mechanisms. The kernel of the nut is the (unconscious) malevolent wish of some of the ladies against Mrs. King.

Mrs. Adams to Mrs. Beck: "Where is Mrs. King today? Is she ill?"

Mrs. Beck to Mrs. Clark: "Mrs. Adams wonders if Mrs. King may not be ill."

Mrs. Clark (who doesn't like Mrs. King) to Mrs. Davis (who does): "I hear Mrs. King is ill. Not seriously, I hope?"

Mrs. Davis to Mrs. Ellis: "Mrs. Clark is saying that Mrs. King is seriously sick. I must go right over and see her."

Mrs. Ellis to Mrs. French: "I guess Mrs. King is pretty sick. Mrs. Davis has just been called over."

Mrs. French to Mrs. Gregg: "They say Mrs. King isn't expected to live. The relatives have been called to her bedside."

Mrs. Gregg to Mrs. Hudson: "What's the latest news about Mrs. King? Is she dead?"

Mrs. Hudson to Mrs. Ingham: "What time did Mrs. King die?"

Mrs. Ingham to Mrs. Jones: "Are you going to Mrs. King's funeral? I hear she died yesterday."

Mrs. Jones to Mrs. King: "I just learned of your death and funeral. Now, who started that?"

Mrs. King: "There are several who would be glad if it were true."

(g) *Reversal*

Saying or doing precisely the opposite of the real unconscious wish.

The sleep-walkers:

"In the town where I was born lived a woman and her daughter, who walked in their sleep.

"One night, while silence enfolded the world, the woman and her daughter, walking, yet asleep, met in their mist-veiled garden.

"And the mother spoke, and she said: 'At last, at last, my enemy! You by whom my youth was destroyed—who have built up your life upon the ruins of mine! Would I could kill you!'

"And the daughter spoke, and she said: 'O hateful woman, selfish and old! Who stand between my freer self and me! Who would have my life an echo of your own faded life! Would you were dead!'

"At that moment a cock crew, and both women awoke. The mother said gently, 'Is that you, darling?' And the daughter answered gently, 'Yes, dear.'"[11]

(h) *Rationalization*

Explaining away plausibly, but inadequately.

"I had a patient who attended every concert given at the Yankee Stadium by a well known musician. She had never been interested in music before, and knew little about it. Asked why she never missed going, she replied that she loved music. 'She loved music.' She had subscribed to various musical journals and had studied day and night to understand music, so that eventually she was able to detect even minor imperfections in the technique of the different scores, and frequently would become emotionally disturbed when any mistakes were made by this musician. A study of her condition revealed that her expressed interest in the music was a *displaced* interest in the conductor which she explained of course in other words and *rationalized* by saying that she loved music. She really loved the conductor."[12]

"One of my patients confessed to me that it had always been his intention to marry a rich girl, though as a matter of fact the girl he had married had no money at all. Before he became engaged he had taken advantage of every opportunity to meet, and be in the society of, rich girls, hoping to find one that would be attractive and at the same time willing to marry him. I felt somewhat surprised that his devotion and industry in this direction had met with so meager a result, and so expressed myself, whereupon he explained that all the rich girls he had ever met were so spoiled by their money and so utterly selfish that no matter how rich they were he would not marry any one of them. All of them, he said, put clothes and dances and yachts and cars, and all the other things that money could buy, ahead of love and sympathy and companionship, which, he assured me, were to his mind the vital features of marriage. But though I did not feel in a position absolutely to deny that great wealth may have a prejudicial influence upon character, the fact remained that this man had known a great many girls with money, and it did seem rather unlikely that every single one of them had exactly the same group of faults which he seemed to discover in them. His failure to carry out his intention to marry a rich girl (a thing he had many opportunities of doing) was, it appeared to me, due in all probability not so much to the alleged defects in the character of the young ladies, as to certain peculiarities of his own, while the explanation he offered was not the true one but a rationalization. The real determining factor, as at length appeared, was his own money complex. He felt that rich girls would be more interested in money than in companionship because to a certain extent he was that way himself. Since he doubted if he could care for a girl who was not rich, he was compelled also to doubt whether, since he was not rich, any such girl could care for him. He could feel sure of the love only of a girl who had no money at all, for such a one would appreciate, he felt, the moderate amount of money he did have."[13]

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[11] Kahlil Gibran: *The Madman: His Parables and Poems* (New York, Alfred A. Knopf, 1918). See also the second example under the next heading (Rationalization).

[12] Gerald R. Jameison: *Occupational Therapy and Rehabilitation*, Vol. VII, no. 6 (December 1928).

On February 1, 1929 the Associated Press released a story about a John McRoberts, "swamp hermit" of New London, Connecticut, who was a scavenger of the city dump and other refuse piles. When taken to the county home he was discovered to be clad in silk stockings, bloomers, slip, and corset cover.

When questioned about this extraordinary propensity for femininity, he explained that he wore women's clothing instead of men's *because it was more plentiful and of better material.*

The Associated Press correspondent, ignorant or oblivious of abnormal psychology, apparently believed this. But surely many will justifiably suspect that the "swamp hermit" was afflicted with a curious perversion of sexual feeling such that he thought of himself as a woman instead of a man.

(i) *Purposive Accidents*

Many acts are called "accidental" which can be shown to have purposes which must be ascribed to unconsciously active wishes, which take advantage of appearances of accidental or chance occurrence.

[13] H. W. Frink: *Morbid Fears and Compulsions*, pp. 176–78.

A professor visited me, during a very busy season, and although I tried to be hospitable, my time was so encroached upon that I gave him rather scant attention. In a kindly letter received a few days later, he wrote (on the typewriter):

"I certainly thank you for *any courtesies* you showed me while I was in Topeka. I enjoyed especially the luncheon Saturday noon."

He had amended this in ink to read "the many courtesies . . ." but of course the real truth had been written first.

A psychoneurotic patient of mine (a stenographer), who has syphiliophobia and spells of intense irritability, was copying a railroad case in which a conductor betrayed his incipient brain-syphilis by his great irritability. The stenographer in two places wrote "Me. A." instead of "Mr. A."—doubly identifying herself, "me," with the man whose irritability was of syphilitic origin, as she feared hers to be. (Of course such morbid fears usually represent unconscious wishes in disguise. But why, someone will ask, did this girl want to have syphilis? The answer would take too much space to make clear here, but she undoubtedly did.)

(j) *Over-Compensation*

The chief purpose of some disguises appears to be not so much to fool the audience as to protect the pride of the actor, or of the show itself (the ego). These are called defence mechanisms. Over-compensation is a characteristic example.

Too honest:

George Barro was one or the most scrupulously honest men I ever knew. He kept his expense account to the very penny; he kept track of every postage stamp; he even listed on his income-tax a five-dollar bet he won on the election.

But I am suspicious of George, for all that. I suspect there is a skeleton in the closet. Somewhere deep in the nether regions of George's mind I imagine one could find, with the proper instruments of exploration, a propensity for dishonesty which served to stimulate the painful meticulous habits of honesty which he cultivates.

And I suspect that an emergency sufficiently great, a temptation sufficiently keen, might be his undoing. (Victor Hugo had a similar idea in *Les Travailleurs de la mer.*)

A familiar pair of examples:

R. L., a friend of mine, is one of the officers at a state prison. He was formerly a prisoner there himself and is now an executive.

T. M., another friend of mine, formerly a policeman in Kansas City, is now a prisoner at the same state prison.

R. L.'s compensation mechanisms were slow in getting under way; T. M.'s didn't hold.

The most proficient and sophisticated Don Juan whom I ever knew, a man who had had literally hundreds of ignoble love-affairs, was so effeminate in his appearance and manner as to have been an object of ridicule on the part of persons not familiar with his life. In fact, I think strangers usually suspected him of being homosexual (that is, feminine). And of course they were right so far as his unconscious is concerned. It was to overcome this that he made such extravagant gestures to show what a real man he was after all.

Over-compensation plus displacement:

"A salesman whose business it was to secure advertising for a certain magazine, was for a time very successful at this work, but his sales at length began to fall off to such a degree that he eventually lost his position. The reason for this change was that he had become, as he expressed it, 'over-conscientious.' Instead of enthusiastically explaining to the prospective advertisers the great advantages to be expected to result from buying space in the magazine, as at first he had done, he would ask himself: 'Now really would this man's business profit by the kind of advertising I am supposed to sell him?' a question that he often felt had to be answered in the negative. On such occasions he would be impelled to advise the prospective purchaser against buying and naturally made no sale. He expressed the situation to me by saying: 'I've gotten so that I can't stand it to feel that my clients are not going to get full value received.'

"The origin of this compulsion, for such it was (in many instances he advised against the purchases of advertising where it really would have been of advantage to the buyer), was from quite another matter in his life in which he had a much more logical reason to feel that he was not giving value received. He had made the acquaintance of, and eventually seduced, a somewhat innocent-minded and unsophisticated young girl, who, though he had never said so in so many words, had all along had the impression that he intended to marry her. He had not disabused her of this notion, for on the one hand he wished to continue his sexual relations with her, and on the other dreaded the storm of tears and reproaches which he knew would be forthcoming as soon as she knew how she was being duped. Meanwhile he tried to excuse himself by believing that the girl was not really as innocent as she appeared to be and that if she was foolish enough to expect him to marry her when he had never in so many words promised that he would, there was nobody to blame but herself. Failing then to give value received in this quarter, he tried to make up for it in another, and through the falling off in his commissions and the eventual loss of his position, suffered an essentially self-inflicted punishment for the sin he really believed he was committing in spite of all his efforts to persuade himself so otherwise."[14]

There are many illustrations of various over-compensations for physical injury, defect, and disease. Of all these Ted Shawn seems to me to be one of the most remarkable since Beethoven. Shawn had infantile paralysis and became a great dancer! Beethoven was deaf and wrote the world's greatest music. And a lesser but more versatile genius recently died in Louisville, Kentucky.

Charles Lee Cook, who never walked a step, so turned his handicap into an asset that he could turn down a forty-thousand-dollar-a-year job. From a hopelessly crippled child, taken out of school at the age of seven because his parents thought he would never live to be benefited by an education, he became an invalid business man of international reputation.

Cook numbered among his accomplishments the invention of an automatic lubricating device that has since come into use on almost all engines, and a machine which enables one unskilled workman to do as much work as had been accomplished by thirty skilled mechanics. He was an authority on the history of languages, had a vocabulary of over thirty-seven thousand words, and reproduced in miniature Rembrandt's *Night Watch* so accurately that enlargements thrown on the screen show not one of the figures a quarter of an inch out of place or proportion. Yet he was unable to hold in his hands anything weighing over a few ounces.

He designed and constructed at Brunswick, Georgia, creosoting works which are remarkable for vision and technique in architecture. One of his last accomplishments was to design and build a miniature river-steamer of the old-style type, which has 3,500 horse-power, a maximum speed of twenty miles per hour, and a capacity of 3,000 tons net burden, and yet calls for only seven feet of water when fully loaded.

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[14] H. W. Frink: *Morbid Fears and Compulsions*, p. 111.

All this was not accomplished easily. For twelve years Cook worked in his father's stable at a lathe, with the aid of a device which he had designed to enable him to handle the materials with his limited strength, turning out his oil-condenser, which netted him only five dollars a week for seventeen hours a day labour. He again proved himself self-sufficient when he designed a wheel-chair for himself in which he could go anywhere, up and down stairs, in and out of trains and automobiles.[15]

"If Cleopatra's nose had required the aid of plastic surgery, the face of the whole world might have been lifted; and if Ida Mae Wiggin's ankles had not been so thick, mankind might have remained ignorant of *The Recurrence of Hyperbatons in the First Passus of Langland's 'Piers Plowman.'* In fact, it was pretty lucky for all of us old hyperbaton fanciers that Ida Mae wasn't built on the same lines as Marilyn Miller, for a girl who keeps in touch with all the most popular dance floors doesn't have the energy to pull the classics apart to see what makes them so hard to read. . . .

"Most of the first volumes of poetry which appear are nothing but public apologies for the writers' inability to change an automobile tire or pick out a becoming hat. The walls of the more obscure art galleries are covered with pictures bearing such titles as 'Winter Dusk,' 'Provincetown Profiles,' or 'Girl in a Yellow Dress'—but if the catalogue told the whole truth, it would list them as, 'Why my Good Husband Eats at Restaurants,' 'A Good Excuse for Flunking Out at Princeton,' or 'Why Little Mildred Lives with Her Grandparents.'"[16]

(k) *Symbolization*

One thing used to represent another is a symbol. Usually the symbol is a great abbreviation, a condensation. It always has many inner connexions.

Money, words, pictures, parables, allegories, fairy-tales, dreams, and symptoms are all examples of symbols. The colour red, for example, may symbolize courage, danger, stop-your-automobile, debit, fire, or blood. But the attributes of the symbols characteristically used as disguises for repressed ideas are, according to Otto Rank, Hans Sachs, and Ernest Jones, three of the orthodox psychoanalysts, as follows:

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[15] Abstracted from an article in the *American Magazine* for April 1920.

[16] Weare Holbrook, in the New York *Herald Tribune*, November 6, 1927.

1. The idea represented lies in the unconscious.
2. The meaning is constant, or nearly so, and is not dependent solely on subjective factors.
3. The symbol used has an evolutionary basis, both individual and racial.
4. There are linguistic connexions between the symbol and the symbolized idea.
5. There are phylogenetic parallels in myths, cults, religions, fairy-tales, etc.

The symbolism of the foot:

All of these attributes may be seen to apply to the various symbolic values of the foot, for example.[17]

In various parts of the world, ancient and modern, the foot has been used as a symbol for speed, vitality, power, health, success (in journeys and other undertakings); and as such we find the foot inscribed on coins, amulets, tablets, outstanding rocks, etc. Christianity took over this symbolism from its heathen predecessors and uses the foot as a symbol for the passage into the new life, the happy termination of the life in this vale of tears.

The foot is also symbolic of anything used as a basis or foundation, for something on which one stands or relies. Thus, for example, "to be on a good footing" means "to be well established," and "setting one's foot down" expresses determination.

From the fact that a strong man controls what he puts his foot on, the foot is a very common symbol for power, rule, right, domination. In personal combats it was customary for the conqueror to plant his foot on the neck of the conquered foe. Many idiomatic expressions are founded on this practice. A man took possession of purchased property by setting his foot on it. When a man married a woman, he was said to set his foot on her neck—for example, in *Twelfth Night*. From the fact that a person is rendered fairly helpless if his foot is impeded (*pes* = foot) in its motions, it was the custom in the Middle Ages for the lord to symbolize possession by stepping on the right foot of his vassal. In the same way a bridegroom went through the ceremony of stepping on the foot of his bride. The foot thus being a symbol of power, to kiss the foot or toe became a symbol of humility. A great sense of gratitude and great love often express themselves by a foot-kiss. The ancient Greeks and Romans used to kiss the feet of their gods, and, no doubt, their goddesses too.

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[17] What follows on foot symbolism is abstracted from *Foot and Shoe Symbolism*, by Aigremont.

In many parts of the world the foot, especially the foot of a woman, has been and still is used as a symbol for fecundity. This symbolism is very ancient. By virtue of the fact that the foot established a connexion between the fecund and life-giving earth and the gods or heroes (goddesses, heroines, and saints) these deities and persons were credited with possessing a fecundating and healing power which enabled them to render fecund and to heal or strengthen those who won their favour. Woman was supposed to have derived her procreative power from contact with the earth, the mother of all things, and thus her foot came to be the symbol for the fecundating principle. In all probability the feet of male deities, kings, heroes, saints, princes, were credited with the fecundating principle subsequently, so that the dominant male lords and lordlings might not feel inferior to the females. After a while the fructifying power was possessed not only by the foot but even the footprints, the sandals, and the shoes of kings, queens, saints, etc. This explains the large number of stories about fruits, grain, and flowers growing on the spots where gods and heroes (Buddha, Jehovah, Mars, Hercules) had rested their feet. Kings and princes were credited with the power of curing the sick and removing sterility by touching the afflicted one with the right foot and, subsequently, with the hand. The Holy Anna's footprint is still the means of making women healthy, happy, and fruitful.

The mythologies and folk-lore of all nations and races are rich in material whose significance hinges on an intimate bond which links the feet and sexual ideas together. In some places at some times the natives have been more ashamed to expose their feet than their genitals. In many parts of the world it is considered disgraceful for a woman to expose her feet, even though shod, to the public view. It was formerly quite general to regard the exposure of the leg as the extreme of impropriety; presumably this was because of some erotogenic potentialities. There are numerous reasons for this connexion, some of which are:

1. The foot connects the individual with the earth; the earth is earthy, gross, reproductive, hence phallic. That is why deities and spirits of fruitfulness, wantoness, lechery and sensuality are portrayed as having the feet of animals (horses, donkeys, steers, geese, goats, etc.)—for example, Bacchus, Hecate, Freya, the Devil, the Queen of Sheba, Lilith, etc.

2. Crippled feet have long been associated with excessive sensuality—for example, in Chinese women. Byron's sensuality has been referred by some to his lameness.

3. Some women cultivate a gait which emphasizes their femininity.

4. Women dress their feet and legs in such a way as to attract attention to them—for example, by flesh-coloured stockings, etc. This emphasizes their sexual significance.

5. The foot is a frank phallic symbol for numerous reasons—it is an appendage, it is dependent, it slips into the shoe, etc.

Well-known symbols may carry unsuspected values:

Take such a simple symbol as a letter of the alphabet; B, for example. For most of us it means a labial blow, an initial, an insect, a verb; and those are about all the connexions we can think of.

Compare this with the discoveries made by a very intelligent patient of mine in regard to his B's.

In the course of his free associations one day he was trying to recall a name and remarked: "It probably begins with a B. I've always had such difficulty in remembering names which begin with the letter B. Words beginning with a small B do not so easily escape me." At that time he was unable to give any explanation of this phenomenon, and the immediate free associations were not particularly helpful. The problem gradually unfolded itself, however.

Consciously introspecting, the patient was able to find some fifteen or twenty B associations which would in some measure explain the lapse of memory. Some of them I will cite. There was a family physician who was called Doctor Bee. "I can easily understand why I should want to forget his name, for my childhood impressions of his office are ghastly. Here it was that I went to have my foot lanced, my teeth pulled, and God knows what other torments."

B was also the first letter of the town in which lived a boyhood sweetheart, whom he lost, and B was the first letter of the name of another girl whom he lost, and the first letter of his wife's name. B is the first letter of "banker," which is his much-hated father's profession, and "ball" is associated with his brother for a similar reason (ball-playing). "Bigot," "blood," "burial," "body," "bastard," "brother," and numerous proper names beginning with B were others in this list.

The great ogre of his childhood was the bugger-man. (He sometimes spells this "bogger-man," sometimes "bogey-man.") The terrible fears of this hypothetical creature were recalled vividly, together with many associations. One was being put in a room where an autopsy was said to have been performed. The bugger-man was the token used to frighten him into good behaviour. It was related in dreams to Negroes, to buggies, buckets, butchers, burglars, and so on. Finally, bugger-man had a sinister connotation to my patient because of unconscious homosexual fears and feelings, and the shape of the letter B lends itself to a confirmatory interpretation.

What do you suppose pipe symbolized to this poor old burglar?

"An invitation from a patrolman to join a Bible class succeeded yesterday in bringing a confession of burglaries from Warren E. McGlasson, 60-year-old wanderer, after customary police methods had failed.

"'I've been thinking about what that officer said about church,' he said. 'It's made me realize I have been wandering through life in a useless manner. I have decided to confess, take my punishment, and when I get out, get a job and go to work.'

"The man then confessed to burglarizing more than 100 southside homes from which he took principally faucets and other plumbing fixtures.

"He will be taken to the prosecutor's office today."

—Kansas City *Star*, February 7, 1923

Physical symptoms are often symbols:

Miss Everett came in complaining of a back-ache. She had had it for three years. With it were the usual neurasthenic symptoms of fatiguability and "peplessness." Thorough examinations, including X-ray, were negative. She had had various attempts at "suggestion" and manipulation treatments (osteopathy and chiropractic) which had failed.

"The back-ache began," she said, "when I came home to take care of Mother, seventy years old, who is an invalid." The patient was thirty-three and had been engaged to be married for several years. She had not married because she felt she ought to take care of her mother. The man to whom she was engaged became restive and did not want to postpone the marriage any longer.

The symptom of back-ache, in other words, was a symbolic way of saying that her burden was greater than she could bear and that, like the old man of the sea, her mother was on her back. Her self-respect combined with other factors to censor this from her consciousness. Treatment consisted in pointing out the obvious logic, advising her to face it frankly and make her decision consciously rather than unconsciously and to make some study of the psychological phenomena involved. She has been well ever since.

Symbolism in fairy-tales:

". . . Close by the king's castle lay a large, dark forest and in its midst, under an old linden-tree, was a deep well. One day the beautiful little princess went out into the woods and sat by the well and began to play with a golden ball, her favourite plaything. As she was tossing it up into the air and catching it again, it happened that the ball missed her hands, fell upon the ground, and rolled into the well. At this the princess began to weep as if she could never be comforted."

Whereupon, as the story goes, a frog appears and agrees to retrieve the ball, providing the princess will let him be her playmate, table guest, and bedfellow. The princess promises, but upon recovering her ball endeavours to evade the fulfilment of her promises. At her father's insistence, however, she is compelled to admit the repulsive frog to her house, to her table, and finally to her bedroom. When the frog, reminding her of the agreement, demands to be taken into her bed with her, the princess rebels and in a burst of anger picks the frog up with two fingers and flings it with all her strength against the wall.

"The next instant there stood before the princess a handsome young prince with friendly eyes. He fell on his knee before her and thanked her for his wonderful deliverance from the spell of a wicked witch. . . . And so they were married and lived happily ever afterwards." (After Grimm.)[18]

(The golden ball and the frog both symbolize the same thing. To understand this fully, one must remember that the child frequently has unconscious anxieties about his genital organs. The theme of this story is that a girl who has lost her "golden ball" can only regain her completeness, so to speak, as a result of surrender to what at first seems a repulsive aggression or seduction. It is a mistake to assume, as many amateur psychoanalysts do, that the frog, snake, cane, and other phallic symbols represent the male sexual organ and nothing else. It is more correct to say that such symbols stand for all that the phallus stands for; that is, for masculinity, power, authority, and procreation as well as physical sexuality. See Fantasy IX.)

These, then, are some of the disguises. The acts and the actors come and go—and the audience (the world) is often fooled, more often not fooled, by disguises and tricks which quite elude the stage-manager. "Everyone is queer but me and thee"; "She deceives no one but herself"; "Actions speak louder than words"—these and a score of other proverbs attest this truth. In fact, it is sometimes hard to convince impatient and irritated friends that a certain offender is quite unconscious of the obvious motives indicated by a certain untoward act or symptom or mannerism or attitude. "He can't suppose that we don't see why he does it," they will say. "His headaches (or tantrums or threats) disappear when he gets his own way. It's too obvious."

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[18] See the similar but somewhat more explicit tale of Oda and the Serpent, cited, along with many others, in Franz Ricklin's *Wishfulfillment and Symbolism in Fairy Tales* (New York: Journal of Nervous and Mental Disease Publishing Company, 1915).

But as a rule it is obvious only to the outsiders. The offender himself is quite blind to this "obviousness." For him, at least, the disguises work perfectly. He believes himself sick or abused or in danger. In everyday life the disguises are usually not even suspected, let alone detected. Few persons suppose there is any relationship between Rockefeller's constipation and his wealth, or between Roosevelt's big-game hunting and his large family; few recognize the unconscious cruelty of the surgeon or the over-compensated criminal propensities of the prosecuting attorney. The woman who slowly chokes her husband to death[19] is often regarded as "sweet and lovely,"[20] and the parents whose children all remain unmarried because of their mutual adoration are praised for their success in rearing a beautiful and devoted (but perverted) family. Pictures and songs of a most primitive portent are innocently accepted if a few symbols are used discriminately. "My Wild Irish Rose" passes muster in polite society in spite of most obvious and ordinarily tabooed inferences contained in it. The fact that flowers are the sexual organs of the plant kingdom is a disturbing (and hence a forbidden) thought to those for whom sex is an ugly thing, but the handling and giving of flowers a keen pleasure.

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[19] She took my strength by minutes,
She took my life by hours,
She drained me like a fevered moon
That saps the spinning world.
The days went by like shadows,
The minutes wheeled like stars.
She took the pity from my heart,
And made it into smiles.
She was a hunk of sculptor's clay,
My secret thoughts were fingers:
They flew behind her pensive brow
And lined it deep with pain.
They set the lips, and sagged the cheeks
And drooped the eyes with sorrow.
My soul had entered in the clay,
Fighting like seven devils.
It was not mine, it was not hers;
She held it, but its struggles
Modeled a face she hated,
And a face I feared to see.
I beat the windows, shook the bolts,
I hid me in a corner—
And then she died and haunted me,
And hunted me for life.

—Edgar Lee Masters: "Fletcher McGee" in *Spoon River Anthology* (New York, Macmillan. 1916).

[20] Cf. Fran (Mrs. Samuel) Dodsworth, in Sinclair Lewis's novel *Dodsworth*.

So much, then, for the disguises. The play's the thing, and what of the play?

THE PLAY

The theme of the play is something like this: I, the hero, born of the gods and reared by the greatest and best of women, leap forward into a replete and omnipotent manhood, loved and admired by all, achieving the stars through difficulties. Follow then the bride, the wife, the children; the little tribe of loyal sons, the great achievement, the glorious and content old age, the quiet folding of the tents, and the ascension into one of the various kinds of immortality. This is the plot of the play—a story of the development and expression of human love.

But there are many details and many derails—many hitches and deviations and interruptions and digressions. The play may go ahead too fast, it may lag or stop, it may actually reverse itself. Then there is trouble—trouble of a sort that the audience may see, or may not—and, seeing, may recognize and may not. But trouble it brings, and much trouble, as a psychiatrist learns to know very intimately.

This is the way these errors look:

I. THE PLAY MAY GET AHEAD OF ITSELF (PRECOCITY)

"Charles Charlesworth, born of normal parents in Staffordshire, England, March 14, 1829, . . . reached maturity and grew whiskers at the age of four and died suddenly in a faint (syncope) when but seven years old." [21] This was a freak, of course—probably to be accounted for by a perversion of function of some of the endocrine glands. But it caricatures a process of precocity which in less extreme forms is very common.

"We don't know what to do with Bernard, doctor. He is nine years old, but you'd think he was twenty. He has learned the most terrible things!

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[21] Robert L. Ripley: *Believe it or not!* (New York, Simon and Schuster, 1928), p. 15.

When I make him come in and go to bed, he swears—calls me incredible names. And when his father punishes him, he fights back and swears some more and says he'll kill his father! Then, when his temper cools down, he gets so serious—he looks at us reproachfully. He says he's worried. He talks so solemn! He tells great tales—we scarcely know what to believe. And then he has such nightmares and panics. He says he dreams of Jane, a schoolmate; he says he dreams he has kidnapped Jane and taken her away, into a wood all alone, and that he has kissed her a thousand times and married her there. And whether he dreams this or not, he acts it out, and some of the neighbours have been coming with serious complaints. He denies them, but—well, he says: 'You take me to those lovey movies and I feel just like they do in the pictures. I can love and I can fight and some day I can kill! Only, gosh, it scares me when I dream about it.'" Nine years old!

Edward Porterfield is a man of sixty; he is rich, respected, influential. When his father died he was fourteen, and it was up to him to support the family. To this day he supports them all. His brothers and sisters are failures. His mother is penniless. They all look to Uncle Ed.

Porterfield had no childhood. He grew up without learning how to play, or how to live with other children. He married a wife who wanted to play—and she did and he didn't. And so they live together in armed neutrality, totally indifferent to each other. In recent years he bethought himself of his lacks, and, like the Æsop's ass that emulated the lap-dog, he made grotesque and pathetic efforts to dance and frolic. He gamed and he golfed, he danced and he flirted, he whisked himself to Europe and to Cuba.

But he is back in his office now, and his friends have stopped laughing. They dare not offend him, for they need his counsel and his favour; they are worth having.

II. THE ACTION OF THE PLAY MAY GET HUNG UP (FIXATION)[1]

Instead of normal or supernormal progress, or instead of regressing or returning to earlier parts of the play (see next topic), the action may be interrupted by the overlong persistence of certain situations or characters. The play never moves on. The same lines and the same acts are repeated over and over with slight changes in the personnel.

To understand this perseverance the details of the family romance in its inception must be briefly recited:

The hero is cast forth upon the sands to begin the trip of life as a naked, helpless, new-born creature. He wastes no love on his environment. Presumably he is vastly displeased with the necessity of exchanging his warm, comfortable home within the mother for the cold, glaring world into which he emerges. This he proclaims in his first loud cry of displeasure.

Such love as the little new-comer is capable of he keeps to himself. So far as he is concerned, there is no world but his own microcosm. His hands, his crib, the walls and ceilings, even the nurses and passers-by, must seem to the child to be more or less remote parts of himself.

Gradually, step by step, he acquires, by experience, painful information. If indeed these things about him are all parts of himself, some of them are far more refractory parts than others. Some are noisy, some silent; some remove, some remain fixed. Of those that move, some come, some go. Some seem to be capable of influence; they yield to cries and screams and do pleasurable or discomfort-removing things; others seem wholly indifferent to any and all protest.

Little by little the hard fact becomes accepted that some of this environment is really environment and not a part of the little self. From those detached portions of existence all interest, all love, is likewise detached. It is still for the self, or ego, alone that the child exhibits love. But this self still definitely includes certain moving, speaking, pleasure-furnishing creatures, one of whom is particularly available, particularly comfortable and gratifying. The mother, gazing at the child on her breast and thinking how much a part of her it still is and always will be, little realizes or considers how nearly identical are the baby's "thoughts."

Gradually, however, the child progresses further in its disillusionments and begins to appreciate a distinction between self and ministers to the little self, the mother in particular. But this time the intellectual discrimination is not accompanied by emotional discrimination. Separate, in a sense, she may be, but as a former part of oneself she is still of interest, still beloved; and as a supply of pleasure and comfort (the fruit of her own love for the child) she is still loved by it.

This love for the mother, then, may be seen to be, first, an extension of self-love to a detached part, as it were of the self; next, a love for the source of personal comfort; and, thirdly, a reflection of the love felt and manifested by the mother.

Much later there comes to be a fourth stage or aspect of the attachment. This is the love for the mother (and father), not for the sake of subjective advantage, but for the sake of the pleasure of the love itself. This object-love has two elements: the desire to *have* the beloved individual, and the desire to *be* or be like the beloved individual.

It is easier to see this in adult love situations. A lover will desire to *have* his sweetheart (to marry her, be with her, kiss her, and order her about), and he will also desire to share things with her, cultivate the same friends and interests, adopt the same church, and so on. Lovers even come to look alike in their unconscious efforts to be identified with each other. A son may be seen to exhibit this type of love towards his father or any other idol. But both the elements, of possession and imitation, enter into all objective love.

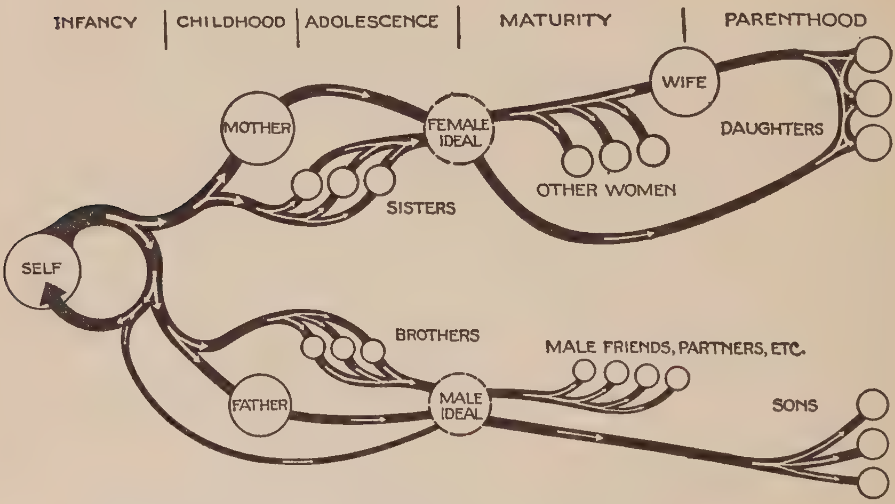
INFANCY
CHILDHOOD
ADOLESCENCE
MATURITY
PARENTHOOD
MOTHER
FEMALE IDEAL
WIFE
DAUGHTERS
OTHER WOMEN
SISTERS
SELF
BROTHERS
MALE FRIENDS, PARTNERS, ETC.
FATHER
MALE IDEAL
SONS

DIAGRAM OF LIBIDINOUS STREAM IN HYPOTHETICAL "NORMAL MAN" (FREUDIAN THEORY)

Let us return now to the growing child who has begun to develop objective love towards its parents. Because they, being human beings, make distinctions of sex in their attitude towards each other and towards the child, the child begins to do likewise. The father, for example, treats the mother as a woman; he loves her as a woman and she loves him as a man, and this is both implicit and apparent, in all their relationships. Of course they also love each other simply as human beings, but there is no such thing as a sexless human being, and hence no such thing as sexless, or purely Platonic, love.

Moreover, these parents, knowing that their child is a boy, or a girl, unconsciously—or perhaps even consciously—develop the attitudes towards him or her that they have had towards other boys or girls. If it be a boy, for example, the father will, to some extent, think of him and towards him as he did towards other boys and does towards other men, and the mother similarly.

Between the two parents the "to have" elements of the love are consciously and avowedly preponderant over the "to be" elements. This is the basis of romantic or biological or sexual love. The biological basis of it may be entirely unseen and unknown—that is, unconscious—but only a little thought will convince any but the most prudish that it is always there. Were it not, the race were long since extinct.

Now the child, bathed in this cross-fire of paternal and maternal love, likewise develops attitudes and distinctions. He returns what he is given. Towards the father, who loves him in a masculine way, he returns masculine love; towards the mother, feminine love. Outwardly there may be little apparent distinction; unconsciously this is the beginning of the psychological differences of sex.

Assume, for illustration, that the child is a boy. As he grows a little older, a familiar triangle develops which has far-reaching consequences. There are himself and his mother and his father—two men and a woman. It is a commonplace that many men are jealous of their sons (of the attention and love their wives give their sons, subtracted, as it seems, from themselves). But it is none the less true that sons are jealous of fathers. This, however, is usually unconscious rather than conscious. It has been proved beyond question, by thousands of psychological investigators, but it still meets with scepticism and angry dispute from the uninformed.

What happens, of course, is that the jealousy of the child is largely repressed. He loves both father and mother, but his love for his mother is possessive, and for the father identifying, or imitative. It is as if he were striving to replace his father by himself. It is common to hear little boys announce this quite naïvely. They will say: "Daddy is gone, so I'll sit here and be Daddy," or "Mother, when I grow up I'll marry you and Father can stay at the office all the time," or similar things.

It is easier still to observe the secondary consequences of these attachments. Everyone is familiar with the preference mothers show for sons, and fathers show for daughters, but it is not so generally recognized that this is reciprocal, and that most daughters love their fathers more dearly than their mothers, and sons their mothers more than their fathers. Friction between daughters and mothers and clashes between sons and fathers are commonplace, everyday observations. Essentially, these clashes are dictated by jealousy —the competitive striving of two persons for the love and attention of a third. Of this, however, the participants are practically never conscious. When the first baby arrives, some men will say to their wives: "Are you going to love him so much now that you won't have much time for me any more?" This fear is well justified by biological facts, but it is usually covered up. Many childless couples remain so because the husband and wife are too jealous of each other's love to risk the intrusion of a rival, even though that rival be their own child. Many divorces arise over this same conflict.

More important by far than the effects on the parents are the effects on the child, if these emotional conflicts are unsatisfactorily handled. The direct instinctive demands must, of course, be repressed. Affectionate or tender love must be substituted for acquisitive love (for the mother), and respect and emulation substituted for rivalry and jealousy (towards the father). To the extent that this repression and substitution fail, familial unhappiness, unsatisfactory substitutes, and "nervousness" result.

Then, subsequently, substitutions must be made for the original *dramatis personæ*. A son may not always confine his love to his mother; it is a law of biological and psychological nature that he begins in his teens to "like" girls and then to love them, and ultimately to love one woman more intensely and more fully than he did even his mother. This woman will probably be chosen by him because of the ways in which she fulfils his idealized memory-image of his mother, but he will not know this. He will scarcely see it or believe it if it be pointed out to him. Even when he has, in some measure, made a mother of his wife, he will probably only faintly recognize it. All this is worked out in the unconscious.

It appears most clearly when one of these hitches in the play occur—particularly a tie-up of the action, a *fixation*. Some children are unable to detach sufficient of their family love bonds ever to love anyone else. They are, as we say, *fixated* always on the mother or father, or it may be a brother or sister; or it may be someone who too closely represents one of these early pillars. This is the persistence of an infantile relationship, which in the unconscious workings of the mind becomes a romantic triangle, as outlined above. Because it is common to all mankind and because its repression and successful conversion into felicitous outlets is a keystone of mental health, it is very important in theoretical psychiatry. It is commonly called the Œdipus complex (the Elektra complex is the feminine equivalent), after the Greek legend in which Œdipus unknowingly kills his father and marries his own mother, with dire consequences. In the old Greek plays this was represented as coming about through the blind determination of fate. Modern plays on the same theme—*The Silver Cord*, for example—take issue with such a deterministic explanation and lay an immediate responsibility upon the parents for the ruin of the child. In this they are confirmed by modern science; there seems little doubt but that parental attitudes largely determine the emotional patterns of the child.[22]

FIXATION (on the *Mother*—the Œdipus Complex)

Sam Henderson was the town bachelor. Every girl in town knew him—they all liked him, but none of them took his attentions seriously. They knew from experience that it was idle to do so. Girl after girl he had pursued, but none of them seemed quite to satisfy his requirements. He seemed to be seeking a perfect woman for his wife. A psychiatrist could have told him that she was dead.

FIXATION (on the *Father*—the Elektra Complex)

Marie was her father's daughter. From the cradle up she was his joy and pride, and he her slave and lover.

"When I was—oh, not twelve years old, I was constantly aware of my love for my daddy. If things went wrong in school, if I seemed to be left out of something, or ignored by someone, I clung to Father. His love made up for everything. His approval of what I did made me blissfully happy; his disapproval plunged me into despair and despondency. I doubt if he knew that. But Mother did!"

Mother was alert with the keen sensibilities of her sex. She saw her place in the emotional life of her husband usurped by her own daughter. It was a situation in which she felt powerless. To be jealous of one's own daughter seemed despicable, incredible. She was cross with Marie—irritable, frankly uncongenial.

High-school days found Marie a developing girl of poise and beauty. She was apparently much more mature than her schoolmates. Her mother, glad to be able to oppress her daughter legitimately, piled household duties upon her which would have overwhelmed the average child of her years. But this delighted Marie; she acquired a skill and dispatch in sewing and dusting and cooking that astonished even her father. And of course he was delighted, and praised her for it. This was ample pay. "I felt as if my breast would burst with joy. I'm sure he never knew how much each word of his praise and

[22] See also Moreau's wonderful picture on this theme in the Metropolitan Art Museum.

approval meant to me. It made all of Mother's bitterness and hatefulness bearable; in fact, I sort of pitied Mother—poor, thwarted, vengeful Mother!"

For a time she was totally uninterested in boys and went through a series of crushes with various schoolmates. They were of short duration, however, and in the main Marie was not particularly popular with other girls, nor they with her. Her mother had soured her a bit on her own sex. But, rather earlier than most of the girls in her class, she began to be considerably interested in one boy after another. She seemed to get along excellently with them. They all liked her. Her natural exuberance of spirits made her various admirers believe her to be very much in love with them, and this response to her enthusiasm would speedily fan the embers into flame. Marie would become alarmed at this; her alarm would cool her ardour and soon there would be a new boy on the string and a perplexed, chagrined castaway trailing behind.

She continued this hectic social program into her college days. But, having acquired the reputation of being a flirt, she found herself attracting the attention of few of the more desirable men, although it was only the leaders who really interested her. This gave her some anxiety, because in theory she had strong matrimonial leanings and she was much distressed at her own inconstancy. She became somewhat more calculating in her manœuvres and developed an infatuation for a man much older than herself, but a particularly unworthy specimen, which lasted for a miserable year. Its termination left her thoroughly disgusted with the same male sex for which she had previously had so unbounded an enthusiasm.

She decided to renounce entirely the idea of matrimony. She gave up her course in domestic science and enrolled in a business course, from which she assured herself and everyone else she derived great satisfaction. Before she had completed a year of it, her father offered her an opportunity to go into business in his own store. She accepted at once. She opened up a millinery department and devoted herself to it assiduously. For several years she put her heart and soul into the business. The world thought her successful and happy.

But her father and mother, her family physician, and her pastor knew differently. They knew that she was increasingly miserable. "She isn't getting any joy out of living; she isn't really happy at all, but she won't say what it is."

"She thinks she wants to get out of the millinery business and teach or keep house. She really doesn't know what she wants to do. She wants to get married, but she won't look at a man," said her mother.

"She ought to go out with some of the boys," said her brother.

"Or girls," added her father.

"She needs her tonsils taken out," said the doctor.

"I think it would help her to do some work in the Sunday school," said the minister.

But in spite of suggestions and exhortations, in spite of a business success that would have overjoyed the average young merchant, the clouds of depression slowly lowered. Marie would rush home from the store at night and shut herself in her room. Her mother would timidly inquire about her supper and receive angry rebuffs. There were tears and long silences, sleepless nights of tossing; restless, fretful Sundays. With her mother, particularly, Marie was short and irritable. They came to avoid each other as much as possible by tacit consent. The old feud was still on, but Marie now felt vanquished. Her father was no longer her mentor. He seemed to have lost his power over her affections. Her brothers were as nothing. Life itself was as nothing. "There is only one thing to do with a fool like me," she wrote, "and I've got to do it myself. Some day I'll get up nerve enough to do it."

Thus it came about that Marie, whom everyone loved, came to be a recluse like her grouchy brother Charles, and in place of the poise and direction of her early life she was torn between conflicting desires and impulses, most of them only dimly conscious. Whether to go on in business or seek a home, whether to live with her irritating parents or take up with unfriendly strangers, whether to welcome a lover or to eschew men all, whether to yield as a woman or compete as a man, whether to live or die—all these wrestled in her heart till she could no longer endure the soul torment. Gradually she sank deeper and deeper into a depression of resignation.[23]

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[23] *Postscript.* In the course of time Marie came to see me as a patient. Her parents detected no change in her after the interview. Then a month later I wrote her as follows:

"I was glad to have your letter. I see that your neurosis is still holding you right in the same place and I am wondering how soon your better self will prevail so that you may begin to make efforts to climb up to a more comfortable and more productive existence. I assure you the capabilities are all there; it is simply a matter of overcoming your unconscious resistance to getting well. You will ultimately get to a point when you would rather be well than to continue to endure the torture of indecision for ever."

This was a new idea. At first she was angry, then puzzled, then intrigued. Some weeks later she answered: "I have been feeling better every day since I decided that I could go to see you, but it's all just a whirl and there has been some time nearly every day when I've thought that I'd rather 'shuffle off,' or 'bear the ills I have than fly to others that I know not of.'

"Today I know I'm going to get well. I don't know how it's going to be done, but there has to be some way out and I want you to help me till you know I've got hold of the right thing so hard that it can't ever get away again."

She did. She "came back." She graduated from college just eighteen years from the time she started; and she is a successful, happy (single!) woman.

Most tragic of all, the love fixation may be upon the individual himself, so that he loves himself too much to spare any love to anyone else. This is called *narcissism* (really narcissus-ism) after the ill-starred youth who fell in love with his own reflection in the brook and vexed the pursuing goddess to the point of turning him into a flower. Hell hath no furies . . . , even though the scorned woman realizes that those who so love themselves cannot love another, or understand what such love is.

FIXATION (on the *Self*—the Narcissus Complex)

When Arthur's slender lavender wife died in bearing a child,
He wept decorously,
Bore himself punctiliously in the ritual of the requiem,
Gave the courteous young priest a gold coin,
Then went home
And composed, with the aid of a riming dictionary,
A Ballade of Sorrow,
And a rondel about death
In the manner of Henley.

—Nelson Antrim Crawford

(The flirt, Lucy, was speaking to herself)
. . . "You may dance.
Play in the sun and wear bright gowns to levees,
But soon or late, the hands unlike to your hands
But rough and seeking, will catch your lightness at last
And with strange passion force you. What is this passion,
This injury that women must bear for gowns?
It does not move me or stir me. I will not bear it.
There are women enough to bear it. If I have sweetness,
It is for another service. It is my own.
I will not share it. I'll play in the heat of the sun.
And yet, young girls must marry—what am I thinking?

She stepped from her hoops to try on the rose brocade,
But let it lie for a moment, while she stood up
To look at the bright ghost-girl in the long dark mirror,
Adoringly.
"Oh, you honey," she thought. "You honey!

> You look so pretty—and nobody knows but me.
> Nobody knows."
> She kissed her little white shoulders,
> With fierce and pitying love for their shining whiteness,
> So soft, so smooth, so untarnished, so honey-sweet.
> Her eyes were veiled. She swayed in front of the mirror.
> "Honey, I love you," she whispered, "I love you, honey.
> Nobody loves you like I do, do they, sugar?
> Nobody knows but Lucy how sweet you are.
> You mustn't get married, honey. You mustn't leave me.
> We'll be pretty and sweet to all of them, won't we, honey?
> We'll always have beaus to dance with and tunes to dance to,
> But you mustn't leave me, honey. I couldn't bear it.
> You mustn't ever leave me for any man."
>
> —Stephen Vincent Benét: *John Brown's Body* (Doubleday
> Doran and Company, Inc., 1928), p. 275.

This concentration of libido upon self is normal, it must be remembered, at certain stages in the psycho-sexual evolution. It is the *persistence* of the immature objective and immature expression into adult life that deserves to be called fixation and regarded as pathological. And this fixation may be conscious and overt, or it may be altogether concealed by some of the disguises already described.

Masturbation, for example, is an obvious form of overt indulgence in self-love, or narcissism. It is quite natural and normal in children, despite energetic condemnations by misguided parents and teachers. In the vast majority of individuals it ceases spontaneously, giving way to more extroverted, adult forms of sex expression.

But some persons continue all their lives to concentrate their love upon their own bodies rather than upon the body—and soul—of another person. In Benet's beautiful and faithful portrayal of Lucy, above, he clearly indicates, not only her love of her own body, but her abhorrence of and incapacity for mature heterosexual love.

Instead of lavishing this affection upon the body as a whole (cf. Lucy) or upon the genitals exclusively (masturbation), narcissists pick out various organs of the body for their particular libidinous attention. Everyone knows the man who has fallen in love with his lungs, so to speak, and is for ever protecting himself against tuberculosis or pneumonia. Such men may pet their respiratory tracts into giving good service in singing, public speaking, or some other vocal ballyhoo. Similarly there are the cardiac people, the hearty boys who whoop it up for athletics and exercises and strength and courage (*cour*=heart), and who in their weaker moments look forward and succumb to heart afflictions,* angina pectoris, and arteriosclerosis. The *oral erotics* are the mouthy folk, who like to talk and to chew gum and suck their cigars and prolong their kisses, and who run to tonsil operations and dental dallyings. But most familiar of all are the belly types, who have reserved for their digestive tracts a large share of their libido and exemplify this by an elaborate concern for all phases of the process, from ingestion to excretion. Here belong the epicures and the good livers, the stomach-petters and belly-rubbers, the pill-takers and enema cranks, the dyspeptics and hyperacidics and gastric ulcerites and the martyrs to the piles. Their bowel movements are their most important daily activity, and their most lustily enjoyed topic of conversation. Nothing could be more convincing of the thesis of organ-fixation, the genitalizing of a non-sexual part of the body and the concentration of libido thereupon, than the orgies of emotion poured out in direct and indirect fashion by this type of narcissist upon his lowly and long-suffering gut.

But these gratifications may take place upon an entirely symbolic basis. One of my friends has a hobby of collecting and hoarding short lengths of sticks and twigs and the like which fall from the elm-trees on his estate. He packs these in boxes and stores them away. He calls it "saving kindling," but he is a wealthy man and has no need for any such parsimony. Such actions are quite unintelligible unless we consider that short lengths of the refuse from trees are comparable to excreta. We have this clue through the analyses of more accessible cases.

Of course, as children all of us were rather interested in fæces and defecation. (The rectum and genitals are closely associated embryologically, anatomically, psychologically.) But most of us transfer our libido to other organs, with other objectives, to a large extent after we leave the nursery. Traces of our outhouse proclivities, *anal-eroticism*, as they are technically called, may be discovered in disguise in certain character traits—particularly fastidiousness, punctiliousness, cruelty, miserliness and other exaggerated collecting, and intense hatreds.

Another narcissistic indulgence often carried over into adult life and exemplified upon all sides in the most varied disguises is *exhibitionism*. Exhibitionism is the satisfaction taken by an individual in the exposure of his personal charms to the eyes of the admiring world. At the age of three this is regarded with all the evidences of great delight by admiring relatives. But, unhappily, cuteness at three may become grotesquerie at twenty-three, or sixty. Yet many adults get varying degrees of satisfaction out of various kinds of exhibitionism, and similarly many other people obtain pleasure from beholding these exhibitionistic performances. This offers some explanation of the burlesque show, the musical comedy, and other systematic exhibits of the human form. It may be a little less obvious that there are ministers who love to preach because of the exhibitionistic opportunity it affords, and lawyers who love to argue and doctors who love to operate in part for the same reason.

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* E.g., 32% of 315 former college athletes died of heart diseases; less than 20% is the rule. See L. Dublin, Longevity of College Athletes, *Harper's Magazine*, July 1928.

When exhibitionism appears, as it occasionally does, in an undisguised genital form in adults, the public is very much shocked. It is usually regarded as an example of viciousness, evil-mindedness, and perversion. It should be regarded as a clear evidence of a temporary break-down in the synthesizing fabric of the mind. Healthy-minded men don't do it, although considerable latitude seems to be permitted the women, in this respect. But I have known high-grade college men, professional men, and business men to bring the utmost embarrassment and humiliation upon themselves by such stunts; they themselves do not understand in the least why they do it and they are fully aware of the disgrace that it occasions. It is time that the public learned that it is not an evil-minded trick, but a significant break in the machinery, which can be and should be repaired, and also that it is closely related to such very proper and decorous and estimable things as the Ziegfeld Follies.

III. THE PLAY MAY BACK UP (REGRESSION)

In yet a third way the play may go badly. Actors whose parts were played long since and who should have left the stage may force their way back, so that the play, instead of proceeding with the third act, let us say, reverts to a clumsy, anachronistic reproduction of Act I.

This is how it appears clinically:

Harry Emmet, a college freshman, came from a proud, seclusive family. He was timid, baby-faced, and very "green." His money made him popular, but a great deal more was expected of him than he could possibly deliver. He soon became frightfully home-sick and wrote for his mother to come. She came, petted and comforted him, and took him home for a rest.

George Babbitt was ordinarily a sedate, respectable business man. Upon certain occasions, however, under the influence of a few drinks of whisky and a convivial crowd, his sedateness disappeared and he became a boy again. He sang and yelled, shot craps and played tag, wrestled and tussled, laughed and played.

"'Oh, Mother! Be your age.'

"I glanced toward the next table at the sound of the cool but emphatic exhortation. Something had gone wrong with the service, and the plump, overfed matron seemed about to burst into tears. There was that in her expression of a spoiled child whose toy has been taken away.

"But there was nothing infantile in the manner of the calm, poised little flapper daughter. 'Don't mind Mother,' she said to the somewhat embarrassed young man with her. 'She was raised a pet. I don't think she'll ever grow up.'

"'What a hard-boiled little beast!' exclaimed my companion.

"'What a perfectly competent citizen of the machine age,' I rejoined. 'Commend me to the modern young person who looks at life as it is and doesn't spill her emotions all over the place. That girl put her finger precisely upon the weakest spot in our new civilization.'

"'Be your age!' Why, that's what all the new discoveries about human behavior boil down to. Everybody is either a grown-up or a *Peter Pan,* who refuses to grow up. And we fit or we don't fit into the crowded herd which the machine-made civilization has forced us into, in exact proportion as we have our emotions under control or not."[24]

Frankwood Williams puts eloquently what we shall some day feel like saying to some of the grown-up babies whose infantilisms distress us and handicap themselves:

"You have reached physical adulthood, and you have an unusually keen intellect. You could be a very useful individual. Your decisions in important matters, however, are made, not in accordance with the facts but in the light of the unsolved emotional problems of your own personal childhood. You act honestly enough, but you see the facts presented to you not as they are truly but as they are distorted through these personal lenses. You cause difficulty and confusion. Your keen intellect makes it possible for you to defend ably your improper decisions and your weak causes. Many problems which are brought to you could be fairly easily solved if they did not get mixed up with your own personal problems which have nothing to do with the issue at hand. Therefore you hinder rather than help. You need to grow up."[25]

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[24] Frank Parker Stockbridge: *Your Emotional Age*, as condensed by the *Reader's Digest* from the *Red Book Magazine,* July 1928.

In the same article the author gives an interesting list of those persons considered emotionally immature. A part of the list follows:

"Men who must love any woman briefly, and find it difficult or impossible to love one for any length of time.

"Men and women shy and self-conscious in the presence of each other.

"Women who do not believe that women are inferior to men, but who feel and act as if they were.

"Individuals who force sex in one form or another unnecessarily to the fore.

"Men and women greatly concerned over the salvation, one kind or another, of others.

"People living on Park Avenue on a Greenwich Village income.

"Social workers who wear out shoe leather rather than brain cells.

"Husbands who are not understood.

"Judges who wear horns and bellow.

"Ministers whose hearts bleed.

"Executives who want what they want when they want it."

All of us recognize these childish traits cropping out in ourselves at times, and it is still easier to see them in our friends. One purpose of education is their recognition and renunciation. I asked my freshmen at Washburn College to tell me some of the infantilisms which they had detected in themselves. Here is a partial list:

"I love to look at myself in the mirror."

"I want things badly, and when I get them, I don't want them any more. I guess that is childish, but most grown people are the same way."

"I'm always wishing I were like somebody else."

"I always get what I want even if I have to shed barrels of tears."

"I enjoy saying things I think are humorous, especially if by so doing I can get the attention of the crowd."

"I get very annoyed when people interfere with my plans, intentionally or otherwise."

"I laugh when the joke is on somebody else; when it is on me, I pout."

"I actually work to get out of work, especially if it's cooking."

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[25] Frankwood E. Williams: "Putting Away Childish Things," the *Survey Graphic*, April 1928, pp. 14–15.

"When I have a pet idea or plan, I expect everybody to agree with me, and I become very angry if they don't."

"I like to be begged and coaxed into things."

"If I don't get a lot of publicity for work in an organization, I quit working."

"I like flattery. Nothing makes me so happy as to have someone 'feed me a line' about almost anything."

"I hate awfully to admit my own faults, especially to admit I'm childish."

"Sometimes I do things just because somebody doesn't want me to."

"When I am angry, I over-condemn the thing or person that causes the anger, and then get sulky and feel miserable."

This clinging to infantilism or regressing to infantile methods of expression may proceed to alarming extremes. A few illustrations of this will indicate how much of a baby a grown-up woman (or man) may sometimes become.

Professor McDougall, of Harvard, has described some very vivid instances of this which took place in soldiers as a result of their horror over war experiences. One of his cases has been very eloquently recast by H. A. Overstreet, in his book *About Ourselves* (pp. 19–20), as follows:

"The first picture which we shall cast upon the psychoneurotic silver screen is that of a young Australian soldier. He had been sent to a hospital for complete loss of speech following shell-shock. He was recovering fairly well under treatment when there occurred a series of severe air raids, which threw the hospital into confusion and made necessary the hurried removal of the patients. As a result of this second fright, the young Australian underwent a startling transformation.

"He became as a child. Literally so. He lost completely the power to speak. Given a pencil, he was utterly at a loss to know what to do with it. He seemed even to have forgotten the use of the ordinary things about him, which he examined with a kind of mingled curiosity and timidity.

"He walked jerkily, with feet planted widely apart; and if he was not supported, he would quickly slip down and crawl about, as a child does, with the aid of hands.

"He could not even feed himself, and when fed by his nurse, insisted that she taste each spoonful first. 'He played in a childish manner with various objects, making toys of them, and he quickly adopted and became very devoted to a small doll kept as a mascot by a neighbor in the ward.'

"Here, then, is an instance of complete breakdown from adulthood. It is a case of so-called *regression to the infantile*. This young Australian was not feigning. He *was* a child. It was as if all that had been slowly built up in the course of his normal growth had been suddenly swept away and he had been pushed back to the physical and mental condition of a helpless infant.

"At first blush such a case seems to bear no likeness whatever to anything which happens in ordinary life. And yet a more careful scrutiny shows it to be only an aggravated form of what takes place with a fair degree of frequency in far more lives than we ordinarily imagine."

Another extreme case of regression:

Mrs. A. was thirty years old when she began to be depressed. Her melancholy gave way to an excited stage in which she acted out, in extreme forms, first the sort of behaviour characteristic of her at twenty and twenty-five, then things reminiscent of the period of her teens, and from this on back to her girlhood days.

"She repeated the slang and catch-words of that day, sang the now forgotten popular songs, and talked much of old friends—in brief she became again in many respects the young girl I had known before her marriage. Later she reached the period of nursery songs and rhymes, and the childish naughtiness in which she had all along indulged became more marked.

"Now more striking infantile characteristics were revealed. She talked very little, and then in a babyish fashion. She asked naive and child-like questions. She drooled at the mouth constantly, and would rub the saliva over her face. She displayed an incessant curiosity about everything in her environment, handling it awkwardly and attempting to place it in her mouth. She was constantly tearing things apart or taking them to pieces 'to see the insides.' She forgot the use of knife and fork, eating with her fingers and spilling her food. She seemed partially to have forgotten how to walk, falling and bumping against furniture or crawling on her hands and knees. She would sit on the floor and amuse herself for considerable periods of time by tearing books and magazines to pieces. Finally she began to soil the bed, and . . . smear the walls. . . . As she began to recover, these habits were replaced by a mania for taking enemas. The drooling habit also was replaced by a constant child-like spitting. We are all familiar with the interest little children often take in spitting as soon as they learn the trick, and how natural it seems to be for them to use it as a means of defense.

"Gradually she seemed to grow up. She no longer denied her marriage, but expressed no interest in husband and children. She seemed rather distraite, indifferent and dazed. After a time she expressed a desire to go to her sister's home. She was then allowed to go to live with her father and sister, just as she had before her marriage. Continued separation from her husband was advised. She now asked for her children, and they were brought to her. She began to correspond with her husband, and after her recovery seemed to be complete they began living together."[26]

PERSISTENT FANTASIES OR PLAY THEMES

Regression does not necessarily proceed to the infantile stages just described. There are certain other felicitous phases which the actors are prone to recall, and there is an ever-present propensity to lapse back into these older and easier situations instead of proceeding with newer and harder ones. The actors, finding the real words and acts of their parts difficult, substitute false lines. These substitutions are fantasies; fantasy acting replaces reality acting; and fantasy thinking, reality thinking.

For the child all thought is an untrammelled expression of wish—he recognizes no interferences, no responsibilities to reality. This is pure wishful thinking. Experience teaches the necessity of modifying our wish thinking to conform to the realities of existence. But this is at best only imperfectly achieved even by the adult. Certain favourite themes persist. Some of these are harmless, some malignant. They all arise from some aspect of the early stages of the family romance (the Œdipus complex). They all appear as media for the dodging of reality. Fantasy replaces reality.

The favourite and more common themes to be illustrated here are:

1. The Jehovah complex.
2. The Jesus complex.
3. The theory of sacred and profane love and two kinds of women.
4. Fantasies of extraordinary birth and of royal lineage.
5. Fantasies of patricide, matricide, and fratricide.
6. The guilt complex theme and propitiatory compulsions.
7. Fantasies of cruelty.
8. Fantasies of contamination.
9. The theme of the magic wand.
10. Fantasies of rebirth, or the rebirth theme.

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[26] Ralph Reed: "A Manic-Depressive Attack Presenting a Reversion to Infantilism," *Journal of Abnormal Psychology,* Vol. XI, pp. 361–7, 1917.

Each of these fantasies or themes or *complexes* (a complex is a group of associated ideas about an emotional nucleus) will be described and then illustrated in one or several ways. There are many other fantasies common to many people. Those dealt with here are some of the best known.

I. THE JEHOVAH COMPLEX

"I am God Himself, omnipotent, omniscient, inscrutable."

In poetry:

Out of the night that covers me,
  Black as the Pit from pole to pole,
I thank whatever gods may be
  For my unconquerable soul.

In the fell clutch of circumstance
  I have not winced nor cried aloud;
Under the bludgeonings of chance,
  My head is bloody, but unbowed.

Beyond this place of wrath and tears
  Looms but the horror of the shade,
And yet the menace of the years
  Finds, and shall find me, unafraid.

It matters not how strait the gate,
  How charged with punishments the scroll.
I am the master of my fate;
   I am the captain of my soul!

—William Ernest Henley: *Invictus.*

In prose:

The Egyptian astrologist in *Rasselas* had acquired from long study an ability to predict the overflowing of the Nile with such accuracy, time after time, that he came to believe that he himself controlled its movements. He fell sick, however, and the river continued to ebb and flow as it had always done.

In the hospital:

Dr. Alexander Van Petten Smith walked with immense dignity. He was the terror of the nurses and the joke of the other doctors. When he entered the hospital ward the nurses rose, stood at attention in utter silence, and trembled. He was famous for finding out some trifle and roaring about it. He gave the nurses long and tedious orders and insisted upon their minute and complete fulfilment. Once a nurse whispered to another as they stood awaiting his beck or nod. He looked up, flushed with anger; he rapped upon the desk with his knuckles a moment, then strode to the office and ordered the nurse's discharge from the hospital.

In the home:

Judge Jones sits proudly and stiffly at the head of his table, as if he were in his court-room. His wife and daughters scurry to bring on the food promptly. The small children sit meekly and quietly in their places. All look expectantly towards the lord and master, who in turn alternately considers critically the degree to which his comforts are being assured and the respectful dependency of his flock. At precisely ten minutes of nine he drives off to the court-house, where he poses and imposes and gives moral lectures on the majesty of the law and the vileness of its infractors.

In the asylum:

"If you want an answer, don't call me Dave Gerber," said a patient in the hospital. "Once I was Dave Gerber; now I am God Almighty. Address me as God. Treat me as God. That's who I am. I'm the most powerful person in the world; I can turn this building inside out. I'll write you a cheque for ten million dollars and you can build sixteen more sanitariums. I've got four hundred children by my first wife and they all work for me, and I rule them and rule the whole universe. I was running for governor, but I gave that up when I became God. I used to feel afraid of other people, but now I rule over all of them and it's a glorious feeling. Did you ever feel like that, doctor? You rule over your patients, don't you? But think of ruling the whole world. That's me. I'm God Almighty."

In the newspaper:

"Robert Condit, proposed 'rocket passenger' to the planet Venus, expects 'a cordial reception when I get there,' he said today.

"Condit, an Ohio inventor, intends to take off from here when atmospheric conditions are 'absolutely perfect.' He will leave the earth in a huge rocket propelled by explosives 'more powerful than gunpowder.'

"'I believe there is a race on the planet similar to our own people,' the inventor said. 'They may be even more advanced. I expect to find about the same conditions as here, although the climate may be hotter.'

"Condit revealed additional plans for his landing on Venus today as he groomed his torpedo-like craft. Two parachutes, now attached to its nose, will permit him to land 'gracefully,' he said.

"He intends to open a turret of the rocket when a peep through a periscope reveals Venus is near, he said. He will then strap a parachute on his back and leap out.

"There are only six things worrying Condit, he said. They are six similar attempts to reach Venus, three under way in Germany and three contemplated in Russia."[27]

God the Almighty:

Commodus, Emperor of Rome from A. D. 161 to 191, was so proud of his achievements in the arena as a gladiator that he commanded the world to worship him as Hercules. He was eventually killed in a wrestling contest by a gladiator named Narcissus, but only after he had fought and won over a thousand battles.

God the Father and Creator:

Bernard Scheinberg, seventy-six, an Austrian, holds the world's record for paternity. He is the father of eighty-eight children, of whom eighty-four are living. Scheinberg was married twice and had seventy children by his first wife, who died at the age of fifty-six. He married the second time at the age of fifty-seven and by this union had eighteen children. The first Mme. Scheinberg had quadruplets four times, triplets seven times, and twins sixteen times.[28]

II. THE JESUS COMPLEX (OR MESSIAH COMPLEX)

"I am not God, but His son, and the son of the most wonderful woman in the world; destined to make all manner of sacrifices, to give my life, if necessary, to carry out my ideals and save the world from the other men in it, who are mostly bad. I am like Jesus, that other Son of God, and like Him I bow my head to my Father's will."

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[27] Kansas City *Journal-Post*, March 7, 1928.

[28] Topeka *Daily Capital*, January 8, 1927.

In poetry:

My good blade carves the casques of men,
  My tough lance thrusteth sure,
My strength is as the strength of ten,
  Because my heart is pure. . . .

How sweet are looks that ladies bend
  On whom their favors fall!
For them I battle till the end,
  To save from shame and thrall;
But all my heart is drawn above,
  My knees are bow'd in crypt and shrine;
I never felt the kiss of love,
  Nor maiden's hand in mine.
More bounteous aspects on me beam,
  Me mightier transports move and thrill;
So keep I fair thro' faith and prayer
  A virgin heart in work and will. . . .

—Alfred Lord Tennyson (in *Sir Galahad*)

In college:

Frank O'Brien entered college with his head and heart lifted high. He had always been a sensitive lad, given to dreaming and high aspirations. It seemed to him as if there must be a special mission on earth for him, that perhaps he would find it in college. He was not a crusader, but was given more to grail-seeking than to dragon-slaying. He had a pleasant smile, which won him friends, but he was not enough interested in them to keep them, except a few who learned to know him well and to esteem him highly.

These few joined him in the organizing of a new fraternity, instigated partly by their mutual resentment at having been excluded by the older fraternities, and partly by idealistic conceptions of a nobler order which O'Brien painted. He was unanimously elected the first president, and under his guidance it launched forth on a meteoric career of temporary brilliancy. As its leader, O'Brien shone with redoubled lustre. He was radiant with the satisfaction of achievement, strong and confident in its leadership, tireless in his efforts at improving the order.

Suddenly in his senior year he resigned his membership and withdrew. "I do not think that it is in keeping with the highest purposes and best good of mankind that a few of them should group themselves together as we have done," he said. "I have come to realize my mistake. For the rest of you it may be all right, but I don't feel that I can conscientiously continue in such a spirit of separatism. Democracy is the noblest conception of man. Fraternities are not democratic. I must hold to my ideals. This is a sacrifice that I must make."

Thence he and the fraternity passed rapidly into oblivion.

In the home:

"I have put up with it, doctor, for thirty years. After all, I thought, she's my wife—I chose her, I promised her, and I do love her. If I underestimated her capacity for meanness, for harshness towards me, for temper tantrums and hysterics, for flights of extravagance and spells of parsimony—if I little suspected this, it was my misjudgment, not hers. She came in my room last week, and, seeing the watch my firm gave me for twenty years of loyal service, she banged it down hard upon the floor. I suppose some men would have cursed or wept or fought or something. I didn't—I just went to bed in silence and to sleep. Oh, it's an old story—I don't mind so much any more. And you see, after all, it's not me, now, that's losing my mind—it's her. Curious, isn't it—after I've spent my life giving in to her whims and accepting her abuse in order to save her that much suffering."

In the asylum:

"And so, doctor, I just felt I ought to offer myself up as a sacrifice and I found that match and lit my dress and offered myself as a burnt offering unto the Lord. I've got to redeem some of the suffering in the world with my own. That's how it happened and that's why I'm here, I suppose."

III. THE THEORY OF SACRED AND PROFANE LOVE AND THE TWO KINDS OF WOMEN

"I hold that there are two kinds of women: Saints and sinners, mothers and prostitutes. The former are pure, sexless, dull, and good; the latter are wicked, passionate, interesting, and utterly taboo."

In the home:

"And don't ever let a man or a boy touch you. Make them keep their nasty hands to themselves. Girls who let men handle them show right then and there what sort of women *they* are. They're the sort that think and talk about sex. Real ladies don't care for it, and don't permit it. It's disgusting and leads a girl straight to hell."

In 1863:

"Lady Gough, distinguished blue-nose of England, wrote a book on *Etiquette* in 1863; and on page 80 I find this paragraph:

" 'The perfect hostess will see to it that the works of male and female authors be properly separated on her bookshelves. Their proximity unless they happen to be married should not be tolerated.' "[29]

In 1599:

"When Margaret of Austria, Queen of Philip III, entered Spain in 1599 she passed through a town celebrated for the manufacture of silk stockings; and the authorities, wishing to show her courtesy, presented her with a costly pair. The offer was indignantly refused, and the delegates were sternly informed that the 'Queen of Spain had no legs.'

"Since that day of rigid etiquette it has been customary to say that, officially, 'the Queen of Spain has no legs.' "[30]

In the doctor's correspondence:

"Dear Doc:

"I know you are a bissey man but I want you to study my case very careful and you will be doing a real good job for me if you can make out to tell me wots the matter with me. It don't seem to be fisical my arpertites fine very harty stomach O.K. kidnees etc. O.K. akes and panes O.K. strong like a ox and pitch hay like everything and if I kept losing my hare like I do I'd soon be bald like father. but thats not the mane trouble . . . natchurally things mite be a hole lot worse for me but at the same time they mite be hole lots better. Now doc I want to ast you something I think it would be a good thing for me if I got married but there seems to be something the matter with me. I get to think a lot of a girl and then I get afeared of her somehow and hang back and then she gets mad with me and then when I see wot Ive done I am sorrie and worrie like everything about it but at the same time I cant help being afeared of her I get both afeared of her and afeared to get married but at the same time I am very fond of the ladies and when I am home I feel very lonesome for some different compeny anyways at night I get as lonesome as lonesome and don't hardly know wot to do with myself. Well now doc I don't know if you ever felt like me when you was younge but can you tell me wot do you think is the corse of my being afeared of a girl. it don't seem natchural to be afeared of her. Do you think it is becorse I am trubbled with some nervus disorder or wot not or do you think that not being able to talk slick like some folk makes me to be like that. I want to know and I want you to say just wot you think it is and if you think it is some nervus disorder I mean to get some of dods kidnee pills and take them reglar for I think they are very good for anything like that. I hope you have not got tired of my letter for I feel pretty bad just now and I thot I would ast you wot you thot about it I would like you to answer as soons as you can. I am enclosing a stamp.

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[29] Robert L. Ripley: *Believe it or not!* (New York, Simon and Schuster, 1928), p. 139.

[30] Ibid., p. 139.

"Yours truely."[31]

In the psychiatric clinic:

"Her mentality was good. . . . She had been through the second year of high school. She left home about a year previous to her visit to the clinic, and lived with her aunt. She had been sending $30 a month to her old and dependent father, but now felt that she ought to have the money for herself and saw no reason why she should be burdened with the 'old man's' support. She boasted of her flirtations and declared that she took great delight in 'vamping' a man and then running away and leaving him.

"She used to rob the mail boxes in apartment houses just to see what was in the letters. Often when on a visit she would steal money or valuables, just to be doing something wicked, and feeling sure that her friends would not suspect her. She tried to kill her uncle because he was interfering with her free life. She got some rat poison from a cupboard and put it in his tea. She was afraid he would taste it and so put in too little. When he did not die but only got sick, she felt very angry.

"She says that she has made a league with the devil that if she gets something, she will always do his will. But still has a hazy idea that she will fool him and end her life as a Magdalen. In fact, she is writing a novel in which the heroine is a prostitute who dies a Magdalen. She claims that she has never felt sorry for any bad act that she has ever done."[32]

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[31] From the *Journal of the American Medical Association*, "Tonics and Sedatives." A letter sent by a doctor in Ontario, who received it from a patient.

[32] Thomas Verner Moore: "The Pathology of Will and Voluntary Action," *International Clinics*, Vol. II, 33rd Series, 1923, pp. 124–5.

In prose:

"This way of looking at the last embrace of love has always been repugnant to me. If the last embrace is not as sacred, as pure, as devoted as the rest, there is no virtue in abstaining from it. . . . Can there be for lofty natures a purely physical love and for sincere natures a purely intellectual one? . . . To distrust the *flesh* cannot be good and useful except for those who are all *flesh*. . . . The magnet embraces the iron, the animals come together by the difference of sex. . . . Man alone regards this miracle which takes place simultaneously in his soul and his body as a miserable necessity, and he speaks of it with distrust, with irony, or with shame. This is passing strange. The result of this fashion of separating the spirit from the flesh is that it has necessitated convents and brothels."[33]

In poetry:

Think, when our one soul understands
  The great Word which makes all things new,
When earth breaks up and heaven expands,
  How will the change strike me and you
In the house not made with hands?

Oh I must feel your brain prompt mine,
  Your heart anticipate my heart,
You must be just before, in fine,
  See and make me see, for your part,
New depths of the divine!

But who could have expected this
  When we two drew together first
Just for the obvious human bliss,
  To satisfy life's daily thirst
With a thing men seldom miss?

—Robert Browning: *By the Fire-side,* xxvii-vii-ix

In prose:

"There was a difference between Lilith and her, however, a difference of character which showed in their appearance. Lilith was almost as young as Eve, yet she looked as though she knew more and had lived, not longer, but more thoroughly. The lines of her body were full and luscious, and the browns and pinks of her skin were lively colors, strongly marked. Eve was a slender, neutral sort of figure, by comparison; exquisite in surface, you might say, but also monotonous. Adam wondered if the strength or weakness of emotions, especially in women, affects the outer conformations. Perhaps Eve took her experience chiefly in the realm of nerves, or maybe she was the intellectual type. . . . That would be odd, since she got on so badly with life, and Lilith so well."[34]

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[33] George Sand. Quoted by Gamaliel Bradford in *Harper's Magazine,* January 1929, p. 205.

In poetry:

Breezes,
Skipping along an avenue,
Brush cheeks of waifs and wanderers
And royal brows and fair.
Pure and promiscuous they are; virgin and prostitute,
Like the Immortal Mother
Who bore an unclaimed hero and remained a maid.

—Just so, when Edith smiles,
And haloes of ethereal radiance
Extend the beauty of her soul and body
To the hungry world.
Then, virgin and prostitute, I love her
As I love the breeze
That cools my cheek,
Fondly caressing;
That kisses me, after its sweet embrace,
And vanishes.

—K. A. M.

IV. FANTASIES OF EXTRAORDINARY BIRTH AND ROYAL LINEAGE

"I am not the son of my alleged parents, but of nobler birth, to the promise of which I must aspire."

There is almost a standard formula for the birth of popular heroes. The hero is usually

1. The child of most distinguished parents, the son of a king or a god.
2. His origin is preceded by difficulties;

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[34] John Erskine: *Adam and Eve* (Indianapolis, The Bobbs-Merrill Company, 1927), p. 198.

3. And by prophecies, cautioning against it or threatening danger to the father.

4. After birth he is surrendered to the water, in a box.

5. He is then saved by animals or lonely people and nursed, schooled, and cared for by them.

6. He grows up, finds his father, revenges himself unknowingly, and himself achieves rank and houour.

Recall, for example, the details of the stories of Moses, Karma, Ion, Œdipus, Paris, Telephos, Perseus, Gilgamos, Kyros, Tristan, Romulus, Hercules, Siegfried, Lohengrin, and Jesus. The oldest known hero-myth (about 2800 B.C.) concerns the birth history of Sargon the First, founder of Babylon. A literal translation of an inscription presumably made by Sargon himself reads as follows: "Sargon, the mighty king, King of Agade, am I. *My mother was a vestal, my father I knew not,* while my father's brother dwelt in the mountains. In my city Azupirani, which is situated on the bank of the Euphrates, my mother, the vestal, bore me. *In a hidden place she brought me forth. She laid me in a vessel made of reeds,* closed my door with pitch, and *dropped me down into the river,* which did not drown me. The river carried me to Akki, the water carrier. Akki the water carrier lifted me up in the kindness of his heart, Akki the water carrier raised me as his own son, Akki the water carrier made of me his gardener. In my work as a gardener I was beloved by Istar, I became the king, and for 45 years I held kingly sway."[85]

And since everyone fancies himself some kind of a hero or heroine, these fantasies are subjectively applied and extended so that there prevails very widely in childhood a secret theory that one is not after all a member of one's family, but an illegitimate or adopted child, probably of noble parentage. (See, for example, Hardy's *Tess of the D'Urbervilles;* Maupassant's *Pierre et Jean;* Strindberg's *The Father;* Ibsen's *The Wild Duck;* Shaw's *Candida;* Mark Twain's *Puddn' head Wilson;* and *Il Trovatore.)*

In the doctor's office:

These fantasies sometimes crop out in nervous symptoms of adults. "She would look at her mother and wonder whether she was her real parent." Perhaps, "she was kidnaped in childhood."

"Wherever such a patient goes, he feels out of place," as if he just didn't belong. "'When I sit in the orchestra I feel that my place is in the balcony, and when in the balcony I feel that I belong in the orchestra. As a dinner guest, no matter where I am placed, I feel that I don't belong, and in my profession (of law), whatever case I am assigned to by my senior partner finds me in the same uncertainty. In fact I feel like an outsider, and even in my home I never felt that I was one of the family.'"[36]

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[85] Otto Rank: *The Myth of the Birth of the Hero* (New York, 1914), pp. 12–13.

A great many patients suffering from the severe mental illnesses reveal the same fantasies, stressing the insignificance of their origin, or its illegitimacy. Such patients often hear themselves called "bastards" and "sons of bitches."

In the asylum:

"The woman that I knew as my mother made a death-bed confession saying that I was not her child, that the mother who brought me into the world was a Scotch girl, a Scotch princess. She was the grand-daughter of King George III of Scotland. She was also the daughter of the man known in the history of the Irish as the Lord Edward Fitzgerald. That was my real murdered mother, the mother that I have never seen, the mother that I have never laid eyes on. It is as true as the Almighty." (A patient in a New York state hospital.)

In the newspaper:

"FIGHT IN LONDON CLUB OVER
'WOLF GIRL' TALE

"The story of two little girls found living in a wolf's den in Bengal, British India, as told by the Westminster Gazette yesterday, brought the members of a well-known London club to fisticuffs today after heated arguments as to whether the story is to be believed or disbelieved. . . . The Westminster Gazette story repeated that of Bishop Walsh of Bishop's College, Calcutta, who told how the Rev. Jal Singh of Midnapur, Bengal, had discovered the two girls in a distant part of his district. They were described as about two and eight years of age, running on all fours, making guttural sounds, and in every respect living like wolves. The supposition was that they were abandoned as babies and adopted by the she wolf. . . . Lady Dorothy Mills, noted author and traveler, said that in West Africa she had often been told by natives of small children being taken and reared by a large species of monkey, but it did not seem possible to her that anything but a very small baby could be reared by a wolf."

—*New York Times,* October 23, 1926

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[36] P. R. Lehrman: "The Fantasy of Not Belonging to One's Family," *Archives of Neurology and Psychiatry,* December 1927, Vol. XVIII, p. 1015.

And in fairy-tales:

"But Cinderella was only an adopted sister and so she stayed in the kitchen while her two foster-sisters enjoyed themselves in the parlour."

V. FANTASIES OF PATRICIDE, FRATRICIDE, AND MATRICIDE

"I must (or do), for self-protection or revenge, kill Father (Mother, sister, brother), or his substitute."

In fairy-stories:

". . . And then Cinderella's two wicked sisters were put to death (by her order, of course), and she and the Prince lived happily ever afterwards."

In the World's Greatest Novel:

". . . Who doesn't desire his father's death?"

"Are you in your right mind?" broke involuntarily from the President. (the judge).

"I should think I am in my right mind . . . in the same nasty mind as all of you . . . as all these . . . ugly faces." He turned suddenly to the audience.

"My father has been murdered and they pretend they are horrified," he snarled with furious contempt. "They keep up the sham with one another. Liars! *They all desire the death of their fathers."* (Ivan, in Fyodor Dostoievsky's The Brothers Karamazov, Book 12, Chapter 5.)

In the Bible:

"And it came to pass after these things that God did tempt Abraham . . . and he said: 'Behold, here I am.'

"And he said: 'Take now thy son, thine only son Isaac, whom thou lovest, and get thee into the land of Moriah; and offer him there for a burnt offering upon one of the mountains which I will tell thee of.'

"And Abraham rose up early in the morning, and saddled his ass and took two of his young men with him, and Isaac his son, and clave the wood . . . of which God had told him.

"Then on the third day Abraham lifted up his eyes, and saw the place afar off.

"And Abraham said unto his young men: 'Abide ye here with the ass; and I and the lad will go yonder and worship, and come again to you.'

"And Abraham took the wood of the burnt offering, and laid it upon Isaac his son; and he took the fire in his hand, and a knife; and they went both of them together.

"And Isaac spake unto Abraham his father, and said: 'My father'; and he said: 'Here am I, my son.' And he said: 'Behold the fire and the wood; but where is the lamb for a burnt offering?'

"And Abraham said: 'My son, God will provide Himself a lamb for a burnt offering.' So they went both of them together.

"And they came to the place which God had told him of; and Abraham built an altar there, and laid the wood in order, and bound Isaac his son, and laid him on the altar upon the wood.

"And Abraham stretched forth his hand, and took the knife to slay his son."

—Genesis xxii. 1–2

(This apparently reverses the Œdipus theme in that a father would kill a son, instead of the son his father, but it is understandable in the light of the fact that in the unconscious a father frequently regards his son in the same way as he once did his own father. See the discussion of transference.)

In the newspaper:

"FAMILY TOO BIG

Father Tells Why He Pushed His Two Boys into Canal

"Indiana Harbor, Ind., March 5.—George A. Chisholm, confessed slayer of his two young sons, was confined today in a barren cell at the Indiana Harbor jail. Chisholm took his two sons to the canal bank and induced them to bind themselves and jump into the icy water. Later, after hours of grilling, he called for a pencil and wrote a new confession which authorities believe is substantially correct.

"It was as strange a document as ever a father wrote. It calmly related how Chisholm lured the boys to their death with a promise that they were to see their grandmother. It pictured them going laughingly to the canal in which he drowned them, playing cowboy on the way.

"It told of the father's farewell kiss to them. It set forth he shoved one boy, with a steel rail wired to him to carry him below the surface, into the canal before he could cry out.

"The other lad, it showed, realized in one brief instant, that he and his brother were being murdered and screamed. His scream was stifled in the water as his weighted body followed the other youngster's."

—Topeka *State Journal,* March 6, 1928

In history:

Countess Elizabeth Bathory, the famous Hungarian "tigress" (1560—1614), killed 650 servant-girls in six years. Being a noblewoman she was immune from punishment (Ripley). Servant-girls probably represented daughters to this woman; many women kill their daughters in one way or another, and many would like to, but are prevented. Few, however, achieve the murderous debauch of Lady Bathory, who, of course, was definitely sadistic.

In poetry:

Yet each man kills the thing he loves,
By each let this be heard,
Some do it with a bitter look,
Some with a flattering word,
The coward does it with a kiss,
The brave man with a sword!

Some kill their love when they are young,
And some when they are old;
Some strangle with the hand of Lust,
Some with the hands of Gold:
The kindest use a knife, because
The dead so soon grow cold.

—Oscar Wilde (in *The Ballad of Reading Gaol*)

In the newspaper:

"YOUTH WALKING IN SLEEP SHOOTS FATHER TO DEATH

"Lakeland, Florida, Nov. 15.—C. S. Whipple, a music store dealer, was shot and killed here early today as he lay sleeping in his home. The police investigating the case report Whipple was shot by his sixteen-year-old son, walking in his sleep. The father had planned to go hunting with a party of friends today."

—Topeka *Daily Capital,* November 15, 1922

(Here, as so often in sleep, the unconscious repressed wishes became dominant. People very frequently dream of the death of their parents and other loved ones, and even that they themselves do the slaying. It is rare, however, for the dream to be carried out in action. See the discussion of somnambulism in Chapter III. Death-wishes, as carried out by this son, for example, are often implicit; fortunately, seldom explicit. See poem at end of this section.)

VI. THE GUILT COMPLEX AND PROPITIATORY COMPULSIONS

"I have committed a sin which weighs heavily upon me—I must atone, I must pay the price. I must be punished, or propitiate, or find a scapegoat."

In the psychiatric clinic:

"A mother observed her four and a half year old daughter eating chocolates which were forbidden to her. But every time she devoured a piece she struck herself a smart blow on her hand. When her mother asked her why she struck herself in this manner, she said: 'I spank myself because I am naughty.'

"This need for punishment often shows itself in a peculiar manner. Thus, a young girl of nine was seduced by her father's chauffeur and she visited him regularly in the garage. But following each visit she was seized with remorse to the extent that she often confessed to her mother such peccadilloes as spending too much money on sweets, neglecting her lessons, or breaking something valuable. The effect she displayed in these matters seemed so exaggerated that it led to the discovery of the true state of affairs."[37]

In the newspaper:

"SORROW ENDS IN DEATH

Boy, 12, Hangs Self After Killing Red Bird

"San Antonio, Texas, May 28.—Conscience stricken after he had shot and killed a red bird, Edward Perenot, 12 years old, hanged himself here last night. The body was found by his sister.

"A signed note addressed to his parents told the motive for the act.

"'I killed myself on account of me shooting a red bird. Goodby mother and daddy. I'll see you some day,' the note read."

—Kansas City *Post,* May 28, 1928

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[37] A. A. Brill: "Psychopathology of Crime, Its Psychiatric and Social Implications," *Journal of the American Institute of Homeopathy,* March 1929.

Believe it or not.

"SILENT FOR 30 YEARS

"Reb Frommer did not speak a word or utter a sound for thirty years. This remarkable penance was self-imposed. It seems that Frommer, in an outburst of temper, cursed his newly-wedded wife, who soon after met with a violent death which Frommer feared was brought about by his abuse.

"He was a celebrated local character of Czortkow, Poland, and when he died in 1928, the newspapers of Germany and Poland repeated again the story of his life and of the strange vow that he never broke." [38]

In the psychiatric clinic:

Mrs. Doolittle consulted me because she was "so nervous" she felt she "couldn't stand it another day." She thought the chief cause of her trouble was her overbearing employer, whose criticisms and tyranny hurt her so, and she wanted to be confirmed in her plan to seek a new position. "Then I think I'd be all right. Because I really don't deserve the treatment I get. I don't know why I get it or why I take it so hard. My friend says she never knew anyone who could look so guilty and be so innocent!"

I told her that her own submissive attitude towards her employer and the impression she gave her friend convinced me that she had reasons for her feelings of guilt. This stimulated a confession of disastrous love-affairs which she thought filled the psychological requirements.

Then I pointed out to her that while she might justifiably feel some regret over them, the underlying principle of the various crashes was the same sort of theory which was troubling her now; she kept putting herself in a position of over-submissiveness, as if guilty before being accused, and brought her griefs upon herself as if she craved punishment.

But she insisted that there were no other possible sources. After a while, however, I learned this: She and her three children by one of several husbands were living with her mother, who had acquired property and money, which my patient had not. She depended upon this mother for financial help, because she was maintaining herself and her children on a far more comfortable and pretentious scale than her own wages would have permitted. And while this had its advantages, it had painful disadvantages. Her mother was glad enough to have her, because she was a tyrant who loved to tyrannize. And every act and movement of my patient and her children were scrutinized, criticized, and discussed. "We don't dare call our souls our own,"

[38] Robert L. Ripley: *Believe it or not!* (New York, Simon and Schuster), p. 54.

she said. "And of course there's nothing to do but put up with it, because I've got to have the financial help—in fact, we couldn't live without it. Of course I'll inherit the money when she dies, but—well, frankly, I've often thought how nice things would be—I mean will be— Oh, I'm ashamed to my toes to admit this—but, honestly, I've been low enough to wish sometimes that if she must die, she'd hurry up and do it."

There, I told her, in her death-wish and unconscious hatred for her own mother, was part of the guilt she kept propitiating.

Another of my patients, who has given me permission to reveal some of the mechanics of a nervous break-down which he suffered, discovered them in the course of a psychoanalysis. They illustrate clearly this propitiatory fantasy.

He was suffering from complete helplessness and inability to apply himself to anything or accomplish anything on account of sensations of dying, which he had in waves. He would suddenly feel as if he were going to die and would get greatly frightened, so that even when the sensation passed off, the fear remained.

To bring out only the pertinent facts, I may state that this boy's sister, two years older, had had epilepsy, and his early childhood recollections of her horrible attacks were very vivid. It was not difficult to discover that his sensations and fears were a sort of reproduction of his sister's epilepsy, as he conceived it to be like "from the inside." But why should he wish these imaginary fits upon himself?

We discovered that his early associations of sister-girl-epilepsy recalled his speculations as to the differences between himself, a boy, and his sister, and led to the theory that his sister had been made a girl and given epilepsy as a punishment for something, since all painful things were punishments.

He recalled next that his own self-examination had led to pleasurable genital handling, and this he had learned directly and indirectly was a "horrible habit of dire consequences." Even without any misguided, misinformed, and misleading adult to tell him the old yarn about masturbation causing epilepsy, insanity, etc., he jumped to that conclusion because of his observations of his sister. "I thought she had been punished by being made from a boy into a girl and given convulsions to boot. And I saw what was ahead of me!"

Why did it not provoke attacks in him until years later?

Because the fear inhibited further indulgences in childhood until the whole episode was repressed into oblivion. Then years later the whole complex reappeared upon the occasion of an attempted flirtation with his wife's sister, sufficient to arouse all the old memories of the guiltiness of sex.

In the university:

"A University sophomore sought assistance in connection with a strong impulse to bite his right hand. The tendency had been operating over a period of two months and already a large callous area had developed. [He] appeared to be quite ashamed of his inability to secure control over the tendency and said that he had been wearing a glove to conceal the scar although the weather had been quite warm.

"As a first step in treatment acid had been put on the callous surface. This technique was effective as far as the compulsion was concerned. However, the patient began immediately to complain of a new symptom. He found himself persistently beset by moral problems. The nature of these will be illustrated.

"He said that he had been walking on the street and saw in front of him an undergraduate acquaintance who was a social outcast. Behind him, he saw approaching a very prominent member of his class. He thought, 'Shall I walk with the attractive man in the hope of improving my personality and, consequently, my effectiveness in Christian work, or is it better to attempt to help the man who is without friends?' He walked with the outcast but was later dissatisfied with his decision and was unable to get to sleep the following night because of nervousness.

"On another occasion he was troubled by the question of his obligation in the matter of neckties. Should he wear old ones in order that his financially poor roommate might not be embarrassed, or should he wear such ties as would attract prominent students to him so that he might develop a strong personality and thus gain in effectiveness in Christian work? The problem was not solved.

"The condition of moral uncertainty persisted for several days. Finally, the patient came to report that he was no longer troubled with moral questions but, during the conversation, it was observed that he had begun to bite his other hand. . . .

"The development of the new compulsion prompted a systematic study of the personality and the customary procedure was followed. An attempt was made to determine the occasion of the first occurrence of hand-biting. Through the use of many lines of questioning, recall was secured. During his fifteenth year the patient had had an attack of measles. This followed a period of private sex practice and, while the patient lay ill, he began to think with intense emotion of his recent misconduct. Under these conditions he had begun to bite his hand. As he said, 'I found that biting my hand kept me from thinking about my sin.'"[39]

In religion:

"He lived alone in a tiny adobe house. His bed was of boughs. One year he had been crucified, and of his many penances this had been the supreme ecstasy. Now the Lenten season drew toward Good Friday. In enacting the Passion and Death of the Saviour during Holy Week, he was the dominant figure; his back was covered with scars. The original three gashes down and three across had been all but obliterated by fresh disciplines. It was terrible and inspiring to see him scourging himself, the blood clotting and fresh blood running down; but when urged to abandon the annual scourging, he smiled; his passion for pain, as strong as when he had first come to the village. Yet all had experienced the benefit of his love for them. It was impossible to hurt his feelings. His prayers for the members were many. They in turn prayed for him. The brothers had waived precedent and he had been *hermano mayor* for the past fifteen years. His zeal in keeping order and settling disputes was unrivalled, his own penance the more severe."

(He is, in the course of the penance, fatally injured, and on his death-bed tells of the origin of his zeal.)

"'That was a time, Padre, for your Church to save me. It was soon too late. I have lived along only because of this life here, not because I have wanted to. The power that my uncle's position gave him had its echo in my arrogance and extravagance. I rode Arabian horses; our estate was famous for its magnificence.

"'I met Manuelita at a royal ball in Madrid. *Por Dios,* how beautiful! She wore the Spanish comb, her eyes flashed. I was inflamed not with love but with desire; I tried to seduce her but she drove me off. There was a woman good by a natural endowment. I knew later. At the time I was offended and left for easier prey.

"'I went from bad to worse; I surfeited myself with sin, and went home to my uncle but it was not for long. From across the sea my parents voiced their anxiety and one day my uncle told me he had arranged a marriage for me.

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[39] English Bagby: "A Compulsion and Its Motivation," *Journal of Abnormal and Social Psychology,* Vol. XXII, no. 1 (April–June 1927), pp. 8–9.

When he told me it was Manuelita I was to marry, I was pleased, nothing more. She was rich, beautiful, amiable, and would make the right kind of wife for a free-living man. I could show her off and thus gain prestige. She came to visit us and between my sins I made love to her, thinking she cared no more for me than I for her.

"'That was my first great mistake. My egotism was so monstrous a thing that I failed to see the sympathy in her eyes.

"'We were married in my uncle's own chapel. The event was heralded throughout Spain—echoes of it carried even across the sea. I remember the cry that rose from my uncle's servants outside the chapel.' Alberto paused. 'Curious that I should remember that. The mind is treacherous with memories; faithful here and fickle there.

"'It was a brilliant—a brilliant match. Everybody rejoiced but Manuelita and me. Yet I was pleased, for she was an ornament of which I might be proud, but in my mind I was planning escape and fell swiftly into my old ways. Manuelita looked on with seeming indifference.

"'She fulfilled her vows; I continued to be proud of her and to go elsewhere for my love. My sins were no secret. She knew but uttered never a word in reproach. I grew more abandoned; it did not occur to me that she cared. I urged her to take lovers as I was doing and failed to understand the look that she gave me; the wistfulness, the infinitude of sadness that was in it. My fortunes increased through the death of my family in the New World. I determined to remain in Spain and bought lands there.

"'I had planned a festival for our tenth anniversary.' Alberto interrupted himself. 'Come closer, my voice goes. I am of you, *hermanos!*

"'I had imported dancers, music from the city of the king and entertainers from Paris. A three-day *fiesta* was my plan, to end with a bull-fight, for which I built an arena big enough to hold all my guests and people without number from the countryside.

"'God! that I should live to tell it, like this. In an enclosure half-way up the arena sat Manuelita. Arms waved and cries filled the air. In the midst of it all, the structure began to move, and crashed to the ground. She was pinned beneath an immovable beam of the platform I had made for her glory. It was then, for the first time, that I began to understand. In her look was that sadness. She spoke my name, softly, and raised her eyes to heaven. "O God, forgive and save him!" she said. Her words plunged me in a transport of grief. I fell at her side asking what did it mean. "God forgive him," she said, and died.

"'I sought escape from my conscience; I tried every form of forgetfulness. Then it came to me that these whom I had pitied as ignorant unenlightened self-torturers, had nearest communion with Him who died to save such as I. There is peace in acting the drama of Christ, Padre; it is ageless.

"'Padre, leave us. Death comes; his mist is before me. Go now, that my brothers may prepare the way for . . .'

"On Sunday he was buried. Over the stony way they carried him to the Campo Santo, their voices rising in mournful *sudarios*. It was a great man going to his rest."[40]

VII. FANTASIES OF CRUELTY, OF BEING BEATEN OR GIVING BEATINGS, OSTENSIBLY FOR PUNISHMENT, BUT REALLY FOR PLEASURE

"I am being whipped—I am whipping someone."

That some persons enjoy being cruel, and that others enjoy being abused—that some are heartless in their treatment of animals, and others are fanatical in their protection of animals and children from cruel treatment—that some people dote on tales and instruments of torture, and others are horrified by them—all these things are well known. The fantasies that lie behind them are rather too involved for clear elucidation in a semi-popular book. In a word it may be said that the cruelty is a distorted type of, or substitute for, more direct libido discharge, and the subject and object are usually substitutes for the patient and one of his parents. Hence this often goes back to "spanking days."

Sadism and *masochism* are extreme forms of these tendencies. Strictly speaking, a sadist is one for whom sexual satisfaction is achieved by an act or acts of cruelty, and a masochist is one for whom such satisfaction is achieved by being made the recipient of cruelty. The two tendencies commonly exist together, though one of them may be unconscious. The individual is punishing (himself) and receiving punishment. Conscious and overt "perverts" of such types are uncommon, though such notable examples occur as Catherine the Great, Peter Abélard, and Jean Jacques Rousseau; but individuals with masked (that is, unconscious) sadistic and masochistic traits are very common.

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[40] Raymond Otis: *"El Penitente,"* in the *Dial*, Vol. LXXXV, no. 5 (November 1928), p. 406–7, 411–13.

SADISM

In industry:

"'I feel like a good workout,' Lieutenant W. J. Lyster of the Pittsburgh Coal Company's private police is reported to have said on the night of February 9, 1929. The scene was the barracks of the coal and iron police at Imperial, Pennsylvania, and a miner named John Barkoski had just been brought in charged with stabbing a private policeman after the latter had invaded his house while drunk. The miner, badly beaten, was lying on the floor. Lieutenant Lyster, according to an eye-witness, was stripped to the waist, walked to the coal box, and picked up a poker. He beat Barkoski over the head until the poker was bent almost double; then he paused, straightened the poker, and returned to his task. When the miner was beaten into unconsciousness, so it is charged, Lieutenant Lyster and Private H. P. Watts, the latter also of the coal and iron police, jumped upon the prostrate man's body. The miner died the next morning, and when his body was taken home to his wife and four children his hands were swollen to twice their size from warding off blows, his nose was fractured, his entire rib structure was broken, and his lungs were punctured in many places. . . . While sobbing over the body of her husband, Mrs. Barkoski said: 'Why they beat him I don't know. He never done nothing to nobody.'"[41]

In poetry:

First Death

He laid his head upon the breast
He spoke in soothing tone,
He startled by his fierce caress,
And swiftly snapped a bone,

Methodically his hands moved on
While with his lips he kissed,
He bruised the unresisting arm
And snapped the brittle wrist,

With breast and hands quite powerless,
He sealed the mouth from cries,
Immersed his hands in frightened blood
And marked the shivering thighs.

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[41] The *Nation*, February 27, 1929.

He broke through flesh with skilful ease
As through the heads of flowers,
Stripped off the blue wings of the heart,
And petals fell in showers.

Then with supreme ferocity
Satyric in his mirth,
Lifted the body by its stem,
And from its roots shook earth.

—Helen Pearce in the *Nation* (January 30, 1929)

Still more explicit poetry:

Loving Kindness

Her flesh was lyrical and sweet to flog,
  For the whip blanched her blood, through every vein
  Flooded with hate shot a hot flow of pain,
And her screams were muffled by a brackish fog.
He loved her, yet his passion could but fret
  Unless he lashed her to an awkward rage—
  But when his hand wrote terror on her page
He knew exultant joy of feigned regret.

Theirs was a bond that poured the wine of fear,
  And he drained her stiffened limbs with cruel art.
He taught her that all tenderness had fled
Till she would beg the hurt to taste the tear,
  And when she bent to kiss her crumpled heart
It lit a Chinese candle in his head.

—Donald Evans: *Sonnets from the Patagonian*

In education:

"It is recorded of a Suabian schoolmaster that during his fifty-one years' superintendence of a large school he had given 911,500 canings, 121,000 floggings, 136,000 tips with the ruler, 10,200 boxes on the ear, and 22,700 tasks by heart. It was further calculated that he had made 700 boys stand on peas, 6,000 kneel on a sharp piece of wood, 5,000 wear the fool's-cap, and 1,700 hold the rod."[42]

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[42] Rev. William M. Cooper: *History of the Rod* (London, 1876).

In fiction:

"The door opened quietly and closed. A quick whisper ran through the class; the prefect of studies. There was an instant of dead silence and then the loud crack of a pandybat on the last desk. Stephen's heart leapt up in fear. —'Any boys want flogging here, Father Arnall?' cried the prefect of studies. 'Any lazy idle loafers that want flogging in this class?' "[43]

In the pulpit:

"What was behind the terrific fantasies of Jonathan Edwards himself concerning the brutal torturings in hell of those pictured by him as sinners?

"The diagnosis, of course, is vicarious sadism. He who would otherwise have been a monster of sexual depravity gratified his ferocious lusts by sublimating his suppressed libido along lines that can be clearly indicated. His preaching orgies were substituted for sexual ones. His hellish imagery, preached with ecstatic fervor and frightful vehemence, released and put into action the tremendous sexual potentialities of the man which had been inherited in full store from the tribe of satyrs and Jukeses, or worse, who graced his family tree. But the harm done by the aristocracy of crime which produced Edwards pales into insignificance when compared with his 'spiritual' depredations upon the race. The earlier band of degenerates were heavenly angels, in their obscure spheres, relatively speaking. The brilliant Edwards disdained to ravish the bodies of his kind. He tore their quivering souls to pieces with an obscene, frantic and gory ritual that today stands revealed in all its horrible putridity, with all the intolerable stench of its altar incense in the nostrils of civilized men.

"Sinners in the Hands of an Angry God got a terrifying warning: 'The wrath of God burns against them; their damnation does not slumber; the pit is prepared; the fire is made ready; the furnace is now hot, ready to receive them; the flames do now rage and glow. The devils watch them; they are ever by them, at their right hand; they stand waiting for them; like greedy, hungry lions that see their prey, and expect to have it, but are for the present kept back; if God should withdraw His hand, by which they are restrained, they would in one moment fly upon their poor souls. The old serpent is gaping for them; hell opens its mouth wide to receive them; and if God should permit it, they would be hastily swallowed up and lost.'

" 'The God that holds you over the pit of hell, much as one holds a spider or some loathsome insect over the fire, abhors you, and is dreadfully provoked; His wrath towards you burns like fire; He looks upon you as worthy of nothing else, but to be cast into the fire; He is of purer eyes than to bear to have you in His sight; you are ten times so abominable in His eyes, as the most hateful and venomous serpent is in ours.' "[44]

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[43] James Joyce: *A Portrait of the Artist as a Young Man*, p. 51.

THE OTHER SIDE OF THE SHIELD: MASOCHISM

In the doctor's office:

A big, strong farmer came to see me once and after some preliminary conversation prepared to tell me his troubles, but became so embarrassed that I thought he was never going to come to the point.

Finally he got round to it. "You see I have a lot to be thankful for. I've got a fine farm and we're breaking even on it, which is more than most farmers are doing. I have the finest woman in the world and she's healthy and works hard every day to help us pay out on it. We have six children and they're all well, and everybody in the community treats us decent. We're really pretty comfortable. All but one thing.

"There is certainly something funny wrong with me. I don't understand it and I don't know if I can even explain it. I'd sooner be shot than tell you about it. But I promised my wife I would. So I'll try.

"You see I'm an average-looking fellow. You probably think I'm normal. I guess I act pretty sensible most of the time. But every once in a while I get a funny feeling. It's the funniest feeling you ever heard of in your life. I never heard of anyone else that ever had such a feeling. But it comes over me and I've just got to yield to it. First I go and get a board or a cane of some kind. Then I wait till all the children are out of sight, off at school or somewhere, or maybe asleep in bed. Then I take this stick to my wife."

At this point the poor fellow was so overcome with confusion that it required considerable reassurance to get him to continue. He finally did, however.

"Well, I make her sit down in a chair. Then I turn myself over her knees. Yes, sir, just like I used to when I was a little kid and my mother spanked me. And then I get her to give me a good hard licking. She hates to do it; she says I'm a fool and everything else, but she knows how strong the feeling is. And after she's done it I feel all right again. I'm grateful to her and I love her and I feel ashamed of having been so foolish. But when that feeling comes again, I'm a goner."

[44] Arthur C. Jacobson: *Genius* (New York, Greenberg), p. 130–32.

In poetry:

The Prayer of Women

O Spirit that broods upon the hills
And moves upon the face of the deep,
And is heard in the wind,
Save us from the desire of men's eyes,
And the cruel lust of them.
Save us from the springing of the cruel seed
In that narrow house which is as the grave
For darkness and loneliness . . .
That women carry with them with shame, and weariness, and long pain,
Only for the laughter of man's heart,
And for the joy that triumphs therein,
And the sport that is in his heart,
Wherewith he mocketh us,
Wherewith he playeth with us,
Wherewith he trampleth upon us . . .
Us, who conceive and bear him;
Us, who bring him forth;
Who feed him in the womb, and at the breast, and at the knee:
Whom he calleth mother and wife,
And mother again of his children and his children's children.
Ah, hours of the hours,
When he looks at our hair, and sees it is grey;
And at our eyes and sees they are dim;
And at our lips, straightened out with long pain;
And at our breasts, fallen and seared as a barren hill;
And at our hands, worn with toil!
Ah, hour of the hours,
When, seeing, he seeth all the bitter ruin and wreck of us—
All save the violated womb that curses him—
All save the heart that forbeareth . . . for pity—
All save the living brain that condemneth him—
All save the spirit that shall not mate with him—
All save the soul he shall never see
Till he be one with it, and equal;
He who hath the bridle, but guideth not;
He who hath the whip, yet is driven;
He who as a shepherd calleth upon us,
But is himself a lost sheep, crying among the hills!
O Spirit, and the Nine Angels who watch us,

And Thou, white Christ, and Mary Mother of Sorrow,
Heal us of the wrong of man:
We, whose breasts are weary with milk,
Cry, cry to Thee, O Compassionate!
—Fiona Macleod (William Sharp) in *From the Heart of a Woman*

In religion (masochism, plus exhibitionism):

HINDUISM

"A Hindoo ascetic, of Singapore, walked three miles in the blazing sun with fifty spears (each fitted with a very sharp point) embedded in his flesh. Imagine the excruciating agony that every footstep meant.

"Why did he do it?

"No difference. There is no sense in a Hindoo religious fanatic anyway. But the fact that he did it is interesting enough, and it all goes to prove how much torment the human body can stand under certain mental conditions."[45]

CHRISTIANITY

"O Lord, I am not worthy of Thy consolation, nor of any spiritual visitation; and therefore Thou dealest justly with me, when I am left poor and desolate.

"For if I could shed a sea of tears, still I should not be worthy of Thy consolation.

"I am not, then, worthy of anything but to be chastised and punished; because I have frequently and grievously offended Thee, and in many things have been very remiss."[46]

In the newspaper:

"BURNED INITIALS IN LEG AS LOVE ACT FOR MATE
Then Husband Beat Her for Her Devotion
Mrs. Harris Sees Futility of Great Affection
and Will Sue for Divorce

"Wichita, Kan., Feb. 28.—How a bride of a few months, moved by an ecstatic love for her husband, sat in the light of a fire of a moonshine still and with a steel darning needle etched his initials on the white flesh of her left leg above the knee, then burned the scratch into an indelible scar by placing raw lye in the open wound, has been revealed by police here.

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[45] Robert L. Ripley: *Believe it or not!* (New York, Simon and Schuster), p. 53.

[46] Thomas à Kempis: *Of the Imitation of Christ*, translated by W. H. Hutchings.

"The initials 'E. H.' stand for Elmer Harris, now in city jail here on a charge of wife beating, arrested when neighbors hearing screams called police.

"Officers, examining big black bruises on the girl-wife's legs and body, discovered the initials. The scar-letters are two inches high and three and a half inches long. First Mrs. Harris, hysterical, accused her husband of branding her, but later denied this and told of her own love act.

"'A woman never loved a man more than I loved him,' she said, recalling the early days of their marriage. 'He had a still near Oatville, a short distance south of Wichita, and I begged him to stop making liquor. We quarreled.

"'He kept saying he was doing it to make money for me and that I'd never done anything to show him how I loved him. He was jealous of me too.

"'So I thought I'd show him how a woman can love. I thought if I did he would stop making and drinking liquor.

"'One day I took a needle and scratched his initials on my leg. Then I put lye on it. No one will ever know the agony I suffered as that lye burned and burned as though it would never stop.

"'I lay in bed for days, suffering. Finally it got well and left a pretty clean scar. For awhile after that I think Elmer loved me more than he ever did.

"'He's just pure gold when he doesn't drink. I'd burn myself again if I knew it would help. Although my body is covered with bruises he put there I still love him.'"

—Topeka *Daily Capital*, February 28, 1928

VIII. FANTASIES OF CONTAMINATION

"I fear constantly lest I become contaminated—infected—impregnated. On my hands, my body, my clothes, everywhere I imagine dirt, germs, invisible poison, which may get upon me or in me. It might accidentally enter my body through my throat or ear or through the skin. I might even unintentionally pass it on to some innocent victim."

In Shakspere:

LADY MACBETH: Out, damned spot! Out, I say! One, two; why, then 'tis time to do't.—Hell is murky!—Fie, my lord, fie! a soldier and afeared? What need we fear who knows it, when none can call our power to account?—Yet who would have thought the old man to have had so much blood in him?

DOCTOR: Do you mark that?

LADY MACBETH: The thane of Fife had a wife; where is she now?—What, will these hands ne'er be clean? No more o' that, my lord, no more o' that; you mar all with this starting.

DOCTOR: Go to, go to; you have known what you should not.

GENTLEWOMAN: She has spoke what she should not, I am sure of that; heaven knows what she has known.

LADY MACBETH: Here's the smell of the blood still; all the perfumes of Arabia will not sweeten this little hand. Oh, oh, oh!

DOCTOR: What a sight is there! The heart is sorely charged.

GENTLEWOMAN: I would not have such a heart in my bosom for the dignity of the whole body.

DOCTOR: Well, well, well—

GENTLEWOMAN: Pray it be, sir.

DOCTOR: The disease is beyond my practice; yet I have known those which have walked in their sleep who have died holily in their beds.

LADY MACBETH: Wash your hands, put on your nightgown; look not so pale.—I tell you yet again, Banquo's buried; he cannot come out on's grave.

DOCTOR: Even so?

LADY MACBETH: To bed, to bed! There's knocking at the gate; come, come, come, come, give me your hand. What's done cannot be undone. To bed, to bed, to bed!

DOCTOR: Will she go now to bed?

GENTLEWOMAN: Directly.

DOCTOR: Foul whisperings are abroad. Unnatural deeds
Do breed unnatural troubles; infected minds
To their deaf pillows will discharge their secrets.
More needs she the divine than the physician.
God, God forgive us all! Look after her;
Remove from her the means of all annoyance,
And still keep eyes upon her. So, good night;

My mind she has mated, and amaz'd my sight.
I think, but dare not speak.
GENTLEWOMAN: Good night, good doctor.

—*Macbeth*, Act V, scene i

In the psychiatrist's office:

"Well, my chief trouble is fears; just imaginary fears. Perfectly absurd things, but completely ruinous to my happiness and efficiency.

"For example, some years ago my father had some strychnine upstairs which he used to poison gophers. Well, once I offered to lend some yeast, which I had been setting, to some neighbours, and it suddenly occurred to me that it might have some of the strychnine in it and I worried myself almost sick for several days and nights. It faded then for a while, but comes back in different ways. I got the idea that maybe some of it had stuck on to my fingers so that when I cooked, anyone that ate the food I prepared would be poisoned. I got so that I couldn't cook at all. Then if I'd see someone else cooking I would be afraid that maybe I had in some way contaminated something which they had handled. I got the notion that in some way or other it was communicated to the stationery upon which I would write letters, and after I had mailed one or two the thought that perhaps I was scattering poison all over the United States on the outside of those envelopes nearly drove me wild. I haven't written a letter in several years just because of that foolish notion. Of course I know it's absurd and all that, and I realize that all the arguments that anybody would bring up would be absolutely incontrovertible, but that's just the way it is.

"Of course it goes a lot farther. I never shake hands with people any more; I never give Christmas gifts; I wash my hands a thousand times a day. I spend half my time wondering if I touched a door-knob, or something of that sort, without having washed my hands just previously, and running back to wash the door-knob afterwards.

"Then the funny thing about it is that I got other poison notions aside from the strychnine. For a while I had the crushed-glass theory, especially during the war, when a lot of fools were talking about it. Of course I got the notion that there really was some around somewhere and I couldn't get things clean enough to get it all off and that someone would surely get some of it and die. You have no idea what agony one can suffer over such a preposterous theory as this until you experience it. I watched the surgeons once at an operation and they were so careful not to touch anything after they had put on their sterilized gloves and gowns, and I thought I would sure make a wonderful surgeon so far as that part of it was concerned."

Tactile impregnation:

Many neuroses depend upon the misapprehensions of children concerning the mechanisms of birth. These misapprehensions are often helped by the lies of the parents, but with or without such assistance they take the form of the fantasies here being illustrated. Impregnation by touching or kissing is only one of several.

I was asked to see a high-school girl who had developed a very puzzling stomach-trouble. She had kept insisting upon attempting a bowel movement at frequent intervals and had other distress which had kept her in bed over a month when I first saw her. I studied her case with her psychoanalytically. It turned out that she had the common childhood theory that conception took place in some mystical fashion, either by mouth or in some other vague way, the only definite thing about it being that it was associated with an erotic feeling. She and six of her schoolmates had had a "petting party" some time previously and she had been kissed for the first time in her life. She had been reared with great strictness, and conceived the idea that kissing was wicked because it was erotically pleasurable, and therefore entailed the danger of impregnation. Pregnancy, she thought, took place in the stomach somewhere and delivery took place by the rectum. This explains her anxiety about her bowel movements. She was perfectly well after discovering her unconscious misapprehensions and discharging the emotion stored up therewith. Consciously she was not misinformed about any of these details. Her conscious mind was sixteen years old, her unconscious ideas were those of a seven-year-old.

Aural impregnation:

"This warrior of gentle lineage, Pwyll, could not win the love of the maiden, Eigr, 'slender of eyebrow and pure of heart,' with cornsilk hair the color of pale sunlight. Success came to him too easily and she thought him vain and spoiled by adulation. 'The sight of him is hateful in my eyes. Better were he as a stable boy with broom-bush hair. I like not Pwyll's face, his deeds, his form—him.' Keening to have his Ladye, the Knight tried Joyous Magic. Through successive transformations, he became a war-horse, 'large of bone, high mettled, fiercely snorting'—a sword of intricate design, venomous, sturdily-smiting, fiercely-wounding—next he was a lamb fed from her carven bowl—then her own dove held his spirit. 'Adamant is my heart, I like him not,' Eigr coldly declared. Finally Pwyll became a millet seed and hid in Eigr's ear—close, at last, to the warm beauty of her. It was many months before his whispered soft words of love and endearment, his gentle promises gave to him her heart. 'As I am loved, so shall I love,' Eigr said. Drawn from her ear as a small child, he grew by hours, not years. 'And that night,' the old tale ends, 'the gentian-eyed Eigr, daughter of Ffluvddur and Owyn, became Pwyll's bride and she continued to be his dear wife, as long as she did live.'"[47]

Gastric impregnation:

" . . . 'Thou speakest truth,' said Caridwen, 'it was Gwion Bach who robbed me.'

"And she went forth after him, running. And he saw her, and changed himself into a hare and fled. But she changed herself into a greyhound and turned him. And he ran towards a river, and became a fish. And she in the form of an otter-bitch chased him under the water, until he was fain to turn himself into a bird of the air. Then she, as a hawk, followed him and gave him no rest in the sky. And just as she was about to swoop upon him, and he was in fear of death, he espied a heap of winnowed wheat on the floor of a barn, and he dropped amongst the wheat, and turned himself into one of the grains. Then she transformed herself into a high-crested black hen, and went to the wheat and scratched it with her feet, and found him out and swallowed him. And, as the story says, she bore him nine months, and when she was delivered of him, she could not find it in her heart to kill him, by reason of his beauty. So she wrapped him in a leathern bag, and cast him into the sea to the mercy of God, on the twenty-ninth day of April."[48]

IX. THE THEME OF THE MAGIC WAND (GOLDEN BOUGH, SILVER SCEPTRE, ETC.)

"There is a certain omnipotent sceptre, the badge of power and authority.
"(a) If I could but get possession of it, the world would be mine,
(or)
"(b) It is now in my possession, but might be taken from me."

In the conscious minds of children, sexuality means genitality. This is the reason that phallic worship is essentially a primitive, infantile conception of creation and the Creator. But many adults persist in this infantile mode of thinking. For them sex is nothing more than sex organs. This gives rise to an over-evaluation thereof and revives infantile fears of losing the genitals. This latter is represented clinically by the morbid anxiety that many women manifest in regard to trivial disorders of menstruation, and that many men manifest in regard to the sight of blood. It is much too complicated a thesis to be expanded here. It is called technically the *castration complex*. The glorification of the magic wand, the golden bough, etc., is a compensatory corollary.

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[47] Welsh folk-tale, recast by Mrs. Effie Logan.

[48] From "Taliesin," one of the tales in *The Mabinogion*, a collection of Welsh folk-lore, translated by Lady Charlotte Guest (Everyman's Library series, New York, E. P. Dutton).

In fairy-stories:

" . . . And then she touched Cinderella with her wand and the old tattered garments were instantly transformed into the most beautiful and wonderful apparel . . . and the pumpkin became a coach, and the mice eight magnificent horses. . . ."

In mythology:

The legend of the Golden Bough concerned a method of succession to the priesthood of Nemi in the worship of Diana. On a certain oak-tree in the midst of a forest there was a golden bough. It is believed that the bough was mistletoe because in some way or other it represented life. The tree was guarded by a priest, who never slept, called King of the Wood. But a runaway slave, no one else, might break off this bough, if he could catch the priest off guard, and having done so he was entitled to meet the priest in mortal combat. If he slew him, he succeeded to the priesthood, the title of King of the Wood, and the guardianship of the Golden Bough (Sir James G. Frazer).

In the Bible:

"Thy rod and Thy staff, they comfort me" (Psalm xxiii. 4).

" . . . Aaron stretched out his hand with his rod and smote the dust of the earth, and it became lice. . . . All the dust of the land became lice throughout all the land of Egypt" (Exodus viii. 17).

"And Moses lifted up his hand, and with his rod he smote the rock twice; and the water came out abundantly, and the congregation drank, and their beasts also" (Numbers xx. 11).

In medical history:

It was long customary for physicians to carry canes. A certain goldheaded cane which was transmitted through many generations of a medical family was made the subject of a book by William Macmichael in 1827. Doctor

Coriat, of Boston, has pointed out the symbolic origin of this custom. "Historically," he says, "the physician's cane is linked with the wig and ring as symbols of deep learning, wisdom, and power. It is doubtless related in symbolic meaning to the herald's staff, the caduceus of Hermes, the wand of Æsculapius, the sacred wands of primitive peoples, the mystic wands of fairy tales, the staves of constables and sheriffs, and the phlebotomist's staff. Possibly in ancient times the physician's cane and the surgeon's club were used actively. For centuries fustigation was believed in as a sovereign remedy for bodily ailments as well as moral failings, and a beating was prescribed for ague as frequently as for stealing. Such customs may have been merely incidents in the history of flagellation, into which there enters strong sadistic and masochistic components.

"The physician's cane was generally smooth, of moderate weight, and with a gold head in the form of a knob. Gold once was supposed to have medicinal properties, but the desire to make a good appearance on the part of the physician was probably the stronger motive. Often the head was hollow, and in the cavity it was the custom to carry some drug. A mystery about it was thus created in the mind of the people, some of whom believed that the head of the cane was the dwelling place of a familiar spirit which gave the owner extraordinary powers. The symbolism, therefore, is twofold: in the first place, the cane was a bit of magic, a charm, a sort of omnipotent instrument which had power over evil; second, it was the symbol of the office of the physician himself, like the caduceus, signifying that the owner has medical power and authority, is omnipotent in his calling. Gold was also the symbol of the sun, the all fertilizing divinity, Apollo, the father of Æsculapius. In alchemy, male activity is derived from gold, female from silver.

"Thus the goldheaded cane became a sort of symbolic carrier of the power of the physician or the immortal transmitter or bearer of power as it passed from one physician to another. Historically it was emblematic of the physician's profession but beneath this there was a hidden symbolism, whose meaning stretched back to the beginnings of medicine in magic and thus unconsciously betrayed the secret of therapeutic power. Such transitions from literal meaning to veiled symbolism are very frequently encountered in the development of civilization and culture. To cite only one example of these age old mysticisms, we have the throwing of rice at a newly married couple which symbolizes fertility."[49]

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[49] Isador H. Coriat: "The Symbolism of the Goldheaded Cane," *Annals of Medical History*, Vol. VI, no. 1.

In fiction:

". . . 'And how does a king come thus to be traveling without any retinue or even a sword about him?'

"'Why, I travel with a staff, my dear, as you perceive: and it suffices me.'

"'Certainly it is large enough, in all conscience. Alas, young outlander, who call yourself a king! you carry the bludgeon of a highwayman, and I am afraid of it.'

"'My staff is a twig from Yggdrasill, the tree of universal life: Thersitês gave it me, and the sap that throbs therein arises from the Urdar fountain, where the grave Norns make laws for men and fix their destinies.'

"'Thersitês is a scoffer, and his gifts are mockery. I would have none of them.'

"The two began to wrangle, not at all angrily, as to what Jurgen had best do with his prized staff. 'Do you take it away from me, at any rate!' says Chloris. So Jurgen hid his staff. . . .

"'Oh, oh! O wretched King,' said Chloris, 'I fear that you will be the death of me! And you have no right to oppress me in this way, for I am not your subject.'

"'Rather shall you be my queen, dear Chloris, receiving all that I most prize.'"[50]

In poetry:

There likewise I beheld Excalibur
Before him at his crowning borne, the sword
That rose from out the bosom of the lake,
And Arthur row'd across and took it—rich
With jewels, elfin Urim, on the hilt,
Bewildering heart and eye—the blade so bright
That men are blinded by it—on one side,
Graven in the oldest tongue of all this world,
"Take me," but turn the blade and ye shall see,
And written in the speech ye speak yourself,
"Cast me away!" And sad was Arthur's face
Taking it, but old Merlin counsell'd him,
"Take thou and strike! The time to cast away
Is yet far-off." So this great brand the king
Took, and by this will beat his foemen down.

—Alfred Tennyson: *Idylls of the King*: "The Coming of Arthur"

[50] James Branch Cabell: *Jurgen* (New York, Robert M. McBride and Company), p. 193.

X. THE FANTASY OF REBIRTH

"From the turmoil of the weary world I return at last to the mother that bore me and retreat into that haven of refuge, the quiet protective envelopment of her body, her womb; there I would find perfect peace and happiness; nirvana."

In the Bible:

"Jesus answered . . . 'Except a man be born again, he cannot see the kingdom of God.'

"Nicodemus saith unto him: 'How can a man be born when he is old? Can he enter the second time into his mother's womb and be born?'

"Jesus answered . . . 'Marvel not that I said unto thee, "Ye must be born again."'" (St. John iii. 3, 4, 7).

In poetry:

Mighty Is Man

To the body of woman man turns and seeks deliverance
From his world grown strange since deliverance from her thighs;
To the womb he turns, to his infancy's paradise,
Blind with a dream, an outcast weary of severance.

From the body of woman man rises with exultation
Shaking his veins. Singing, he whets a sword.
He is freed of his weakness now, he has loosed the cord
That binds him to alien mysteries of creation.

Again he is mighty, he stamps for joy of his strength;
His words, his deeds will be clamorous round the earth.
Woman, who bore him, merely gives him rebirth
Who returns to spurn, and return again, at length,

To the grieved eternal breast that lulled him since life began,
To the eyes that smile in the dark on the baffled Antæus, Man.

—William Rose Benet: The *Nation*, August 15, 1928

On the street:

"I'll tell you the kind of a vacation I'd like. I'd like to get clear off from everyone, in some quiet deserted place where I'd be all alone, and free from all interruptions and responsibilities and calls for this and that. I'd want to be comfortable—meals served and everything like that, and all I'd have to do would be to lie around and sleep and read and eat and eat and read and sleep. Just a nice, quiet, restful hibernation. That's my idea of a rest."

In the Church hymnal:

O mother dear, Jerusalem,
When shall I come to thee?
When shall my sorrows have an end?
Thy joys when shall I see?
O happy harbor of the saints!
O sweet and pleasant soil!
In thee no sorrow may be found,
No grief, no care, no toil.

Thy gardens and thy goodly walks
Continually are green,
Where grow such sweet and pleasant flowers
As nowhere else are seen.
Right through the streets with silver sound
The living waters flow.
And on the banks, on either side,
The trees of life do grow.[51]

In the newspaper:

(Cave-exploring is symbolic of rebirth, the cave representing the womb.)

"RACE TO SAVE EXPLORER FOLLOWED BY WHOLE NATION
No Expense Spared and Persons All Over Country Pray for Victim
Rescuers Refuse to Leave at End of Shift

"Floyd Collins was trapped in Sand Cave Friday morning by a boulder on his foot at the bottom of a tortuous channel about 125 feet long. This is now blocked by a cave-in about ten feet from Collins. He has spent his life—he is 38—exploring the caves that abound in the region—discovering Crystal Cave in 1917. The many cave explorers and guides here say Collins is an expert guide. His plight remained undiscovered for twenty-four hours, when a neighbor, penetrating Sand Cave, heard his cries for help. Some time Wednesday night, February 4, he was fed for the last time; the water seepage dripping from the roof, his only drink, and tonight had been underground 15½ days. The rescue race to reach Collins settled down to a contest of endurance for the human elements, the volunteer diggers in the rescue shaft and Collins' vitality."

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[51] Latin. "F.B.P.," 1583. *Hymns for the Living Age* (New York, The Century Company, 1925).

(Other people's unconscious rebirth fantasies are stimulated.)

"Gigantic crowds of sightseers came to Cave City today and made the six-mile trip to the cave, jamming the narrow mountain road. The first hundreds arrived early this morning, almost at dawn. Their numbers grew with the hours. Long before noon a continuous stream of automobiles wound over the rough road to the rescue camp. Late this afternoon state troopers stopped the cave-bound stream of traffic, because of the jam of cars, hundreds of which were parked along the sides of the road while their owners walked the last few miles to the cave. The field between the road and scene of operations was crowded with cars bearing license tags of Tennessee, Virginia, West Virginia, Indiana, Illinois and various other states. The L. & N. Railroad has added four coaches to the morning trains and estimates a sale of 2,500 tickets this forenoon. The town is as excited as this placid people can be. Estimates of the number of visitors arriving today exceeded 50,000. All this for one man, tortured in body and spirit, trapped in the jaws of a cavernous earth—while above the living tomb of that obscure unfortunate has been unfolded a news serial that has enthralled the country for half a month."[52]

In the sanitarium:

"Yes, I've come back. I want to be readmitted to the sanitarium. I'm a little mixed up again. I feel it coming on, and I want to get in out of the storm. Some way I've felt better just to know I could come here if I got shaky, and be away from everyone and taken care of and no responsibilities, even for my behaviour. I just feel like telling the world to go to hell and let me alone and here I hide, and eat and sleep and take nice long warm baths. It makes me feel easier, sort of comfortable, as comfortable as I could with my craziness. I am glad I'm back again."

In the bedchamber:

". . . We are not accustomed to give much thought to the fact that every night a human being removes the garments with which he has clothed himself, and also those complements of the organs of his body which as far as possible replace whatever is lacking in them, for instance, spectacles, false hair and teeth, etc. It can also be said that he carries out a similar unclothing of his psyche on going to sleep—he renounces most of his physical acquisitions. Thus in two directions he brings about a remarkable resemblance to the situation in which his life began. Sleep is somatically a re-activation of the sojourn in the womb, fulfilling the same conditons of restful posture, warmth and absence of stimuli; indeed, many people assume in sleep the fœtal attitude. The psychic condition of a person asleep is characterized by an almost complete withdrawal from his environment and all interest in it. Does not this throw a new light on recuperation by sleep and on the nature of fatigue?"[53]

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[52] Condensed from several articles in St. Louis *Globe-Democrat*, February 6–20, 1925, by E. L.

The babe is at peace within the womb,
The corpse is at rest within the tomb,
We begin in what we end.[54]

A SUMMARY OF THESE FANTASIES

There is a thread of continuity running through these fantasies. The theme might be sketched something as follows:

Behold me! I am God. If not God, at least His son, the equivalent of Jesus, the son of a virgin. I eschew all women except madonnas, for whom I have only reverence, love, and devotion. The common earthly parents with whom I live are not my own, I am not of them—they have only adopted me, and I despise them—my supposed father in particular and these rivalrous brothers! I would fain rid myself of them all—kill them! Yet, perish the thought! I'm ashamed! To have such terrible wishes is a sin! What can I do for penance? I must absolve myself, I must take my punishment. I fancy I am being beaten or even killed, just as I dimly wished for such revenge on them. I glory in this, for it is my redemption.

But it produces strange effects. I have been injured, impregnated, soiled by their touch. Again I must be purified. I must secure the magic wand, the golden bough, the elixir of life (which I once had, but lost—or which I have, but am about to lose). By its power I am made invincible, and by it I am saved. I escape into a haven of refuge, the very womb of my mother, my earliest and latest paradise. There I remain peacefully, quietly, oblivious of time and space, for ever!

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[53] Sigmund Freud: "Metapsychologische Ergänzung zur Traumlehre," *Internationale Zeitschrift für ärztliche Psychoanalyse,* Vol. IV (1916–17), p. 277.

[54] Shelley: *Fragment, Peace First and Last.*

PSYCHOANALYSIS

A final word about psychoanalysis. It was by means of psychoanalysis that the various material, the laws, conceptions, mechanisms, etc., of this chapter were discovered. But while psychoanalysis is, to be sure, a technique of subsurface exploration, it has come to mean other things as well. It is primarily a method of treatment for certain kinds of mental illness—this is how it was discovered. It is also a method of research, not only in psychology, but in anthropology and comparative religion and other social sciences. Moreover, it is a body of scientific data and hypotheses, and hence there are "schools" of psychoanalysis, not entirely in agreement. It has come to imply a certain dynamic point of view in medicine and in psychology, and both are vastly richer and more fertile for its contributions of the past few decades.

Practically no intelligent and informed scientist today disputes the main thesis and findings of psychoanalysis. There is still much controversial matter; and unhappily the problems already unearthed are proving to be exceedingly complex, so that few will be able to follow where even fewer may lead.

The astonishing—the incredible—thing about the clinical application of psychoanalysis is its apparent simplicity. Patients come many miles, with great expectations, having heard of psychoanalysis and linking it in their minds with purple incense, velvet hangings, and the mysterious voice of a hidden oracle. When, instead of all this, they are met by a mere man and with a total lack of passes and incantations are told to sit in a chair or lie on a couch and just talk out whatever comes into their minds, they are horribly disappointed and disillusioned. No one who hasn't tried it supposes that this "gets you anywhere." But all the material of this chapter (and a great deal more) was discovered by this simple process. (It isn't really as simple as it looks—the setting is simple, but the actual process is an intricate, laborious, difficult one which requires great skill and long training on the part of the analyst, and much patience and mental suffering on the part of the patient.)

Psychoanalysis was introduced into the United States about 1906 by Dr. A. A. Brill of New York, Dr. Ernest Jones then at the University of Toronto and Dr. J. J. Putnam of the Harvard Medical School and its development here is chiefly to be credited to their primary efforts, the masterly research and technical exposition of Dr. Smith Ely Jelliffe of New York, and the application of psychoanalytic discoveries to formal psychiatry and its interpretations to the medical public by the dean of American psychiatrists, Dr. W. A. White of Washington. There are still but few well-qualified psychoanalysts in this country; the American Psychoanalytic Association and the New York Psychoanalytic Society, affiliated with The International Association and ably piloted by Dr. C. P. Oberndorf and Dr. Adolph Stern, together have less than 60 members.

Institutes for psychoanalytic research (and incidentally free treatment for indigent persons) have been established in Vienna, Berlin and London. I believe there will soon be one in New York. New material is constantly accruing to aid in the correcting and extending of the original psychoanalytic hypotheses.

(See the excellent and authoritative article, "History of the Psychoanalytic Movement in America," by C. P. Oberndorf, in the *Psychoanalytic Review* Vol. XIV, No. 3.)

Psychoanalysis has been bitterly criticized, chiefly by the ill-informed. Take, for example, the accusation that it is a "sexual philosophy." Psychoanalysts uncovered the connexions between the well-recognized instincts, one of which is the sexual instinct, and the manifestations of human life. Because this revealed that some things had unrecognized sexual roots, because tabooed subjects like sexuality are particularly apt to be misunderstood and repressed, and because dirty-minded people like to make a show of themselves by berating as obscene whatever they don't understand, psychoanalysis had and still has its critics.

Not the least annoying criticism arises from a confusion of the terms "repression" and "suppression." There is much loose talk about the evils of repression, as if repression were evil. Both repression and suppression are absolutely essential to civilization. It is the failure to repress certain things—and the striving to repress or suppress certain other things, quite unnecessarily—which gives rise to trouble.

One often hears ignorant people accuse psychoanalysts of advising or implying the desirability of uninhibited self-indulgence. "Continence, chastity, self-denial—these are bad. They are the causes of nervousness." So they are accused of saying.

This sort of misrepresentation is indulged in only by those who have an urge for putting up a straw man for the purpose of elaborately and violently knocking him over. Because no real psychoanalyst ever said that. In fact, the whole Freudian thesis tends in the opposite direction; namely, that the neurotic patient is one who is failing to maintain his inhibitions and needs help in the mastery of his escaping desires. Freud and Freudians recognize even better than the rest of the world how necessary it is to suppress primitive desires except in legitimate directions. Freud no more advocated promiscuous indulgences in sex than he did promiscuous indulgences in eating. It is surprising that his ignorant critics have not insisted that he advocated taking peanuts to church and a hamburger sandwich to funerals, in case the pangs of hunger should assail one.

Anita Loos understands Freud very well in this respect. Her preferred blonde, who had hoped for some psychoanalysis, was advised to use some suppression instead:

"So yesterday he took me to Dr. Froyd. So Dr. Froyd and I had quite a long talk in the english landguage. So it seems that everybody seems to have a thing called inhibitions, which is when you want to do a thing and you do not do it. So then you dream about it instead. So Dr. Froyd asked me, what I seemed to dream about. So I told him that I never really dream about anything. I mean I use my brains so much in the day time that at night they do not seem to do anything else but rest. So Dr. Froyd was very very surprised at a girl who did not dream about anything. So then he asked me all about my life. I mean he is very very sympathetic, and he seems to know how to draw a girl out quite a lot. I mean I told him things that I really would not even put in my diary. So then he seemed very very intreeged at a girl who always seemed to do everything she wanted to do. So he asked me if I really never wanted to do a thing that I did not do. For instance did I ever want to do a thing that was really violent, for instance, did I ever want to shoot some one for instance. So then I said I had. . . . So then Dr. Froyd looked at me and looked at me and he said he did not really think it was possible. . . . So then Dr. Froyd said that all I needed was to cultivate a few inhibitions and get some sleep."[55]

SUMMARY OF THE CHAPTER

In this chapter I have attempted the presentation of some of the fundamental elementary rules and data of the workings of the power-distributing mechanisms of the personality. The method of presentation is partly new; the material is now quite old.

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[55] Anita Loos: *Gentlemen Prefer Blondes* (New York: Boni & Liveright, 1925).

I have said there were instincts behind it all; that these instincts, selfish and unselfish, egoistic and sexual, were striving at aims which entailed frequent collisions and compromises, and that this made necessary the suppression and repression of this and that instinctive drive.

To escape repression these instinctive trends, or wishes, undergo various kinds of modification, or disguise. Their disguises are effected in part to fool the ego-ideal, or censor, of the mind—who stands, as it were, on the border between the conscious and the unconscious parts of the mind—and partly to fool the public, which sees only the product, and never (?) guesses the motive. Even the individual himself doesn't know the motive any more (if he ever did) by the time it appears on the surface as some sort of act, or behaviour.

I have listed and illustrated the main varieties of these disguises. Some of them are harmless, as well as useless; *dreams,* for example. Others are useful; *sublimations* they are called. Still others are neither harmless nor useful; they are positively harmful, evil, dangerous. These constitute *symptoms,* to which I have already devoted one whole chapter of this book.

We have seen that there is a natural evolution or development of the manifestations of instinct in the "normal" human being, through various stages, with changing objectives. Some have difficulties in making the evolutionary changes; some even return to earlier loves. And many cling to souvenirs of the balmy care-free days when reality entailed no obligations. Thence spring certain persistent fantasies. Man wants but little here below, so they say, but included in that little is the desire to be God or His son, to possess the king's sceptre, kill off all opponents, and end in a comfortable heaven of perpetual peace.

Finally I have said that psychoanalysis as a research technique for the discovery of the subsurface mechanisms of the mind is secondary to psychoanalysis as a method of treatment. In the latter capacity it is applicable to those whose internal conflicts have brought about so much pressure that pain is produced, and harmfully disguised signals are released (symptoms) of a sort which give a key to the unlocking of the repression and a releasing of the pressure. Of this we shall have more to say in the next chapter.

CHAPTER V

TREATMENTS

Pragmatic section, dealing with the technique of repairs

I. PREVENTION

II. TREATING THREATENED MENTAL ILLNESS

III. TREATING FULL-BLOWN MENTAL ILLNESS
    A. Diagnosis as a prerequisite to treatment
    B. Classification of diagnoses
    C. Classification of treatments
        1. Changing the patient
            a. By drugs
            b. By surgery
            c. By psychology (psychotherapy)
                (1) Suppressive types (suggestion, etc.)
                (2) Expressive types (psychoanalysis)
                (3) Clinical compromises
        2. Changing the environment
            a. Directly
            b. Indirectly (hospitalization)
                (1) Hospital and sanitarium treatment as of today
                (2) As of the last century

APPENDIX: False treatments and cures of mental disease

"If anything affects your eye, you hasten to have it removed; if anything affects your mind, you postpone the cure for a year."

"Quæ lædunt oculos festinas demere; si quid
Est animum, differs curandi tempus in annum."
—HORACE: *Epistles, I. ii. 38–40*

TREATMENTS

Can'st thou not minister to a mind diseased,
Pluck from the memory a rooted sorrow,
Raze out the hidden troubles of the brain
And with some sweet oblivious antidote
Cleanse the stuff'd bosom of that perilous stuff
Which weighs upon the heart?

—*Macbeth*, Act V, scene i

"But what do you do for 'em? What can *you do? And what can we do?"*

The conception of the mind as a mechanism for adjustment to environment, and of mental disease as a failure in adaptation requires that the discussion of treatment must answer these questions:

I. What can be done to prevent the development of unhealthy-mindedness (that is, maladjustment)?

II. What can be done for unhealthy-mindedness prior to an overt break-down (flight)?

III. What can be done to rehabilitate or facilitate the readjustment of a break-down?

Changed into simpler language we must answer: (I) How prevent mental illness? (II) How treat threatened attacks of mental illness? (III) How treat full blown attacks of mental illness?

I. PREVENTION

The problem of preventing the development of unhealthy-mindedness is the problem of mental hygiene. I have already had something to say about this in Chapter I. I don't think we are yet in any position to write about it didactically or dogmatically. I don't think anyone knows how to keep healthy-minded. We flatter ourselves—we psychiatrists—that the knowledge of the mechanism of the mind is something of a prophylactic, and we urge education of the public—we write books like this. But I don't know that we consider ourselves resplendent examples of the truth of this theory.

There is, however, something to the assertion that "Ye shall know the truth, and the truth shall make you free." Of course there are various kinds of knowing, and various degrees of freedom. Who in this world is altogether free? There are good psychiatric reasons for believing that no one wants to be. Many people's freedom is limited chiefly by their attitude towards it. I remember interviewing the celebrated Negro actor Charles Gilpin at the height of his fame, and I was commiserating him over the difficulties put in the way of his travels about the country by the hotels. He completely routed me. "My dear man," he said, "that is a mere trifle. Don't you worry about the way the Negroes get restricted. Sure they have some crosses imposed upon them. But who doesn't? Don't you? Your white skin doesn't save you from having a good many restrictions, does it? The Negroes owe so much to the white man that it's kind of childish to fuss over the fact that they haven't been given quite everything."

I don't know how general this attitude is among Negroes, and, personally, I don't concur in it. But, right or wrong, it is healthy-minded. Sometimes knowledge helps, sometimes " 'tis folly to be wise." Probably Gilpin would be no better off to be informed that bitterness and resentment and hate of one race towards another resemble the symptoms of one kind of mental sickness and probably arise on the same psychological basis. On the other hand, that particular piece of knowledge might completely alter the point of view of a more intelligent but less philosophical individual with paranoid propensities.

There is a division in the ranks of the psychiatrists as to how much influence our intellectual faculties, at least those of the conscious mind, have over our emotions, and how much a conscious desire to eliminate unhealthy tendencies can actually effect. Some believe that all of our determinations to do better in this respect or that are merely salve to our wounded self-esteem and that we can no more change our minds than we can change our statures. This is the ultrascientific opinion. But it is only an opinion and there is just as much evidence to support the opposite opinion, that, unlike the leopard, we *can* change our spots.

I hold the latter view. I agree with the title that Charles Lawson has given his recent book: "You can change it, though you (probably) won't." He is speaking of what he calls human nature. He means the same thing that I mean by mind. If the psychiatrist didn't feel that the blemishes of personality could be to some extent erased or counteracted, or, still better, prevented, he would surely give up the practice of psychiatry. And, at that, we see the worst ones.

Take the question of controlling one's temper. We have considered at length the personality disorder characterized by the indulgence in emotional excesses. We know that some people get unduly angry, to an extent which anybody recognizes as mentally unhealthy. We know that others get painfully depressed. Now, can such a person by giving thought to the matter, and by consciously wanting to change it and trying to do so, accomplish anything? In other words, can a man really learn to control his temper, and can a man with the "blues" lift himself by his own boot-straps? Can such individuals by making a deliberate effort to do so prevent these tendencies from going to the extreme of such a mental collapse as melancholia?

I think they can. I think everyone knows they can. But everyone also knows that they often don't. All of us know golfers who continue to lose tournaments because they get so angry or depressed over a bad shot or a bad break in the luck that they lose their poise. A doctor friend of mine tried hard to overcome this, decided he couldn't, and gave up the game rather than continue to indulge himself in this highly provocative sport. After he told me this I decided I would either follow his example or control my emotions on the golf-course; I am still playing.

Josephine Jackson, who is a very practical-minded psychiatrist, with a simple and convincing way of putting things, has written a popular article on depression in which she develops the thesis that "whatever conduct we manifest is a matter of choice. Why choose the blues? It is of no use to say that you cannot help it, for a mood is like whisky. You can take it or leave it. We get blue or we get tipsy solely because we like the feel." Dr. Jackson hedges somewhat, however, because she realizes that this is only partly true. The patient's own efforts are a help, but there are a lot of other factors. Nevertheless, "When on a stormy sea it is a great comfort to have a chart that lets us know where we are, even though we can do little to better our conditions and must simply ride out to sea. Depression is just such a stormy sea. . . ."[1]

[1] I recently asked my class in mental hygiene at Washburn College to describe the method they had found most efficacious in dispelling their own states of depression ("blues"). Here are some of the replies:

Take a brisk walk.
Read Shelley and Keats.
Re-read an old favourite book.
Read something funny or go to a funny show.
Think to myself that I mustn't take life too seriously.
Work so hard that it is impossible to think of anything else.
Go down town and look at people and things.
Play hockey or tennis, and dance.
Sleep them away.
Talk things over with some friend who understands.
Put on good clothes and go somewhere.
Play it out on the piano or victrola.

The danger of giving credence to the theory that in some measure our own mind can control itself is that it lends ammunition to the quacks and is carried to extremes. It has given rise to a flock of cheer-'em-up books, most of which are not worth the paper they are written on. It is the thesis of the incredible cult known as "Practical Psychology." It has given rise to a number of religious groups in which God equals mind equals love equals beauty equals happiness equals it ain't goin' to rain no more. This sort of thing appeals to nitwits with a smattering of education and a craving for some self-centred philosophy which will permit them to ignore facts and maintain their respectability.

I know some rules given for maintaining mental health, but I distrust most of them. I distrust the sort of rules which are written down in a column like this:

1. Be efficient.
2. Keep cheerful.
3. Do one thing at a time.
4. Make clean-cut, practical decisions.

I distrust them not so much because they are platitudinous, since there are some good platitudes, as because I don't think mental health can be acquired by a lot of positives. When I take a golf lesson, all the professional says to me is "don't." "Don't lunge," he says. "Don't take your eye off the ball. Don't over-swing. Don't move your head. Don't hook. Don't slice. Don't bend your left elbow."

In the same way most of the rules of mental health that I know would have to be framed in the negative. Don't pamper your child. (I say "child" because we know that most mental health or unhealthiness is determined in childhood.) Don't make him feel inferior. Don't be too severe; don't frighten him; don't make him jealous; don't worry him or worry over him; don't talk about sickness to him; don't boss him too much; don't say "don't" to him all the time; don't compare him with others; don't lie to him; don't glorify his temper tantrums; don't bribe him; don't over-excite him; don't get angry at him; don't show favouritism; don't exhibit your authority for its own sake;

Try to make everybody think I'm feeling good, and pretty soon I am.
"Cuss" it out.
Reason it out in solitude.
Go hunting all by myself.
Start "building air-castles in Spain."
Drive an automobile fast and furiously on a lonely road.
Get with people who are absolutely happy and care-free.
Remember that tomorrow is another day.

don't humiliate him. All of these don'ts and many others are derived from our knowledge of bad things that can happen from continuing the prohibited tendency.

There are only a few positive adjurations to be given in the directions for preserving mental health, but these have been derived in the same way. Here are some of them.

Set up as an ideal the facing of reality as honestly and as cheerfully as possible.

Cultivate social contacts and social development.

Recognize neurotic evasions as such and take advantage of opportunities for sublimation.

Learn to know the evidences of mental pathology and how best to deal with them.

Assume that the unhappy are always wrong.

II. THE THREATENED

I know many readers will find this book a bit gloomy. They had hoped to read in it the key-notes and slogans of mental health and perfection. Instead they read that the human mind is a complex mass of motives and mechanisms apt to go awry, and if they do go awry they had best be taken to a psychiatrist.

Not quite so bad as that. The vast majority of ailing minds never see psychiatrists and never will, and many of them never should. But the principles of psychiatry should be applied all the same. Sometimes they can be self-administered—sometimes a friend will turn the trick. The family doctor or clergyman often does it. And sometimes a book will do it—a book like this, or a more cheerful, less technical one, like several which I could name, and which I daily recommend.

Again there are no rules of thumb. There are no standard prescriptions. It's a problem of discovering the weaknesses in the personality make-up and the difficulties in the situation. Usually this isn't hard if the patient will co-operate. The hardest thing is likely to be the matter of getting the uninformed to recognize the existence of the problem that seems to you so obvious.

III. TREATMENT OF FULL-BLOWN MENTAL ILLNESS

What can be done to rehabilitate a break-down, to facilitate the readjustment of a failure?

Helping the sick-minded is pre-eminently a matter of understanding what is wrong—not what the patient says is (or isn't) wrong, or what the friends and relatives say, or even what the surgeon has said. Many times I have had laid before me the problem of a man whose wife says he is lazy, whose brother is sure he has syphilis, who has been exhorted by one of my confreres to have his tonsils out and his bunions off, and who has been promised a cure in eighty-eight lessons by three of the four leading osteopaths of the county—but who himself is sure that he was never healthier, happier, or more efficient in his life.

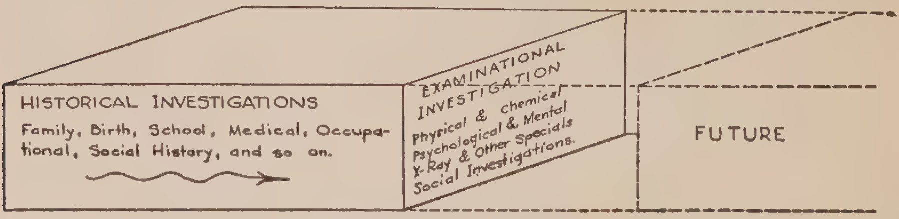
Finding out the truth about such an individual requires expert technical sleuthing. The psychiatrist must be first of all a diplomat, secondly a detective, thirdly a doctor of medicine, and finally, in the role of therapist, a magician, a scientist, and a priest.

DIAGNOSIS A PREREQUISITE TO TREATMENT

Getting a family history, establishing hereditary trends and stigmata, to learn of what stock the sufferer comes; this is first (in theory—not in practice). Having secured this we begin on the immediate environment, the soil in which the seed has grown—family, home, neighbourhood, economics, politics, religious and social colouring.

Then for the man himself—the details of his birth, his early infancy, his childhood, his adolescence. We must know how he behaved as a baby and how he thrived as a child. Was he backward in walking or talking, did he have spasms or croup, did he evidence "nervousness" as a child, or suffer particularly from fears and compulsive habits? What was his attitude towards his brothers and sisters, and their relation to him? To schoolmates? To his parents? And what of his performance at school and later at work? His sexual life and training, his love-affairs, his married life, his wife, his children—all these and many other topics must be explored.

Then there is the whole field of physical health to be inquired into—eyes and ears and headaches and tonsils and lungs and heart and digestive system;


HISTORICAL INVESTIGATIONS
Family, Birth, School, Medical, Occupational, Social History, and so on.
EXAMINATIONAL INVESTIGATION
Physical & chemical
Psychological & Mental
X-Ray & Other Specials
Social Investigations.
FUTURE

DIAGNOSTIC PROCEDURE

the endocrine-gland system; operations and infections and injuries; the habits of living; the special illnesses.

And all this is just "history," leading up in longitudinal study to the examinations, which are like a cross-section, made at one given moment of a life and body and mind that have been going on for years.

The examinations are:

I. Physical examination, of the body itself—the head, the chest, the abdomen, genitalia, extremities, skin, pulse, temperature, blood-pressure, and so forth
II. Neurological examination—a more detailed observation of certain reflexes, movements, and sensations indicating the condition of the nervous system
III. Chemical examinations—of the blood, urine, fæces, sputum, spinal fluid
IV. X-ray and other special examinations occasionally necessary
V. Mental examination

By summing up and digesting these data we know what the individual has in the way of a personality—we know what he has to react *with*.

The next examinational inquiry must be into what he must react *to*. The examination of the environment (social, physical, economic) is made by a combination of methods. To some extent we may learn of it through the sufferer himself—he may tell us about it, as he sees it. But the proper scientific method, the standard method, is through the eyes and brains of trained psychiatric social workers. These young professional women, in ten short years, have made themselves the indispensable adjuncts of every up-to-date psychiatrist.[2]

Finally we must study precisely what has happened when what our patient has to react *with* meets (or has met) what our patient has to react *to!* Doctors call it the *present illness*. It means an account of the particular kind of failure apparent at the moment. It is a study of the symptoms (Chapter III) and misdirected motives (Chapter IV) apparent in the personality under certain stress, and it can't be made without an understanding of the personality type (Chapter II) in which it is occurring.

Now the failures—complete, incomplete, and pending—which come to the psychiatrist are of certain sorts, and have been given names. These names are not very important; in fact, if they distract the doctor's attention from understanding the adjustment problems of the patient and concentrate it on the label given to the disease, they are more harmful than useful. It is important to remember that diagnosis means more than giving a name to a thing. In our own clinic we try to make it mean a conclusion with respect to (1) the type of personality involved, (2) the prevailing situation to which this personality has attempted to adapt itself, (3) the immediate provocation of the acute maladjustment, and (4) the reaction or type of maladjustment resulting.

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[2] See footnote, p. 391.

But there are some advantages in having handles for cases—diagnostic categories—index tabs. And since we have been talking about diagnoses, we ought to end up with a list of the recognized reaction types before going on to a general discussion of their handling and treatment.

Here is a classification of my own arrangement, leaving out the purely physical diseases:

THE DIAGNOSES

I. The mental diseases secondary to general bodily diseases are:
    1. Deliriums (with fever, exhaustion, toxæmia, etc.)
    2. Drug, alcoholic and other intoxications and their sequellæ
    3. Special pictures characteristic of certain systemic diseases (e.g., pellagra, diabetes, goitre)

II. The mental diseases secondary to brain-tissue injury are:
    4. Neurosyphilis (syphilitic encephalitis)
    5. Other forms of encephalitis (inflammation of the brain), including "sleeping-sickness"
    6. Tumours, abscesses and other brain lesions giving mental symptoms
    7. Feeble-mindedness, innate and acquired, juvenile and senile
    8. Vascular (blood-vessel) accidents, especially arteriosclerosis, hæmorrhage, and thrombosis
    9. Certain degenerations (e.g., epilepsy, Huntington's chorea)

III. The "primary" mental diseases are:
    10. Schizophrenia and the paranoid psychoses
    11. Mania-melancholia
    12. Neuroses: (a) Hysteria
        (b) Neurasthenia
        (c) Psychasthenia
        (d) Addictions
    13. Psychopathies
    14. Certain undifferentiated maladjustment pictures with no name, and involving a great variety of antisocial reactions

These first nine types, it will be seen, are the varieties of failure occurring in the first two types of personality listed first in Chapter II. Schizophrenia (10), it will be remembered, is the extreme of schizoid personality maladjustment. Mania and melancholia (11) are the temporary derailments of some moody personalities. The neuroses (12) are developed in full-fledged form by some (and *only* some) neurotic personalities, and also by some isolated personalities. "Psychopathies" (13) is the accepted term for the fully-developed perverse personalities, although some of them (and perhaps some others) belong in the catch-all group of undiagnosable cases which we can understand in part and treat fairly effectively, yet cannot agree to name.

These are the diagnoses; what are the treatments, once the diagnosis is made and the problem understood?

Psychiatric treatment must be thought of as adjustment facilitation.[8] What can be done, we must ask, to help the individual to do what he has failed to do? Can we change him? How? Must we—may we—change his environmental situation for him? How?

HOW CAN WE CHANGE "HIM"?

1. *Medicine and Surgery*

Sometimes by drugs. Let's get this clearly and unmistakably said. Phychiatry isn't Christian Science, as some imagine; it doesn't try to fool anybody, or to solve all human problems with a single formula, or dedicate prayer to the cure of constipation. It does effect changes in people by means of drugs if drugs can effect the changes needed.

A man with brain syphilis, for example, can (sometimes, not always) be changed from a wild and worthless failure to a once more efficient and successful human being by means of certain drugs. A child, idiotic because of thyroid-gland deficiency, may be unrecognizably altered—for the better—by being fed on thyroid extract tablets. People afflicted by certain kinds of obesities may be afforded enormous relief by proper pituitary gland extract injections. Aspirin has added thousands of years to human lives by alleviating pain temporarily; caffeine has undoubtedly stimulated much achievement that over-eating and under-sleeping would have stifled; and the peace that sodium bromide and luminal have brought into the lives of millions is beyond calculation. Recently discovered sleep-producers such as the barbituric acid series and old ones such as paraldehyde have soothed many troubled pillows and spared much needless suffering.

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[8] This really applies to all treatments for all diseases. Taking aspirin for a headache, for example, makes life bearable by a chemical suppression of some pain stimuli. And opening a boil is another kind of manipulation to facilitate a more comfortable adjustment. But this point of view can be neglected in general medicine; in psychiatry it is indispensable.

It is true, none the less, that psychiatrists use less medicinal therapy than the general practitioner, whose chief concern is with chemical and physical disablements. As a rule, you can't medicate people into a better personality, a better frame of mind, or a better adjustment. Sometimes you can! Don't forget that. But usually something else is necessary.

In the same category is surgery. Time was when ambitious and obliging surgeons would attempt the solution of almost any human problem by opening the abdomen and removing something. In the backwoods there are still a few such. But a host of gutless men and ovaryless women over the country are still struggling with their fits and fights and flops, only with less vigour and less courage and less likelihood of ever achieving peace. These living rebukes have rather discouraged indiscriminate surgical psychotherapy.

Here again it is easy to become monistic and neglect the fact that surgery is sometimes the *sine qua non* of successful readjustment. I wouldn't think of operating a psychiatric clinic without a surgical consultant. Mentally sick people have bodies, and these bodies are subject to afflictions amenable only to surgery; and for them surgery is *the* treatment. Appendicitis, brain tumours, infections requiring drainage, deformities of face or limb amenable to correction—these and many other opportunities for surgical treatment exist.

Physiotherapy, hydrotherapy, occupational therapy, and other devices for calming the soul through soothing the body will be reserved for discussion under hospitalization.

2. *Psychotherapy*

Psychotherapy is the categorical name for various modes of attack utilizing the psychological machinery rather than the physical or chemical machinery of the personality.

The first principle of psychotherapy is that it is done by some *one* for someone *else*. It requires a saviour. This saviour may be almost anybody—many an intuitive little wife has cured a neurotic husband by psychotherapy. (See, for example, the short novel *Gravida* by Wilhelm Jensen.) The ministers often accomplish magnificent mass-psychotherapy, and I knew a policeman once who knew more about soul conflicts than the district judge and had a way of resolving some of them. I know a college dean who disclaims all technical knowledge, but who is so adept at ministering to student maladjustments that I'm in constant fear of being superseded as the mental-hygiene counsellor.

Of course the technically trained person has enormous advantages over the naïve psychotherapist. For one thing, he knows what *not* to do, and what *not* to say. The human mind, especially one in distress, is a poor practice field for amateur explorations.

But even more important than technical training and knowledge is the cultivation of the proper attitude towards the patient. Without this, psychotherapy is impossible. One must really be interested in the sufferer—one must, in a way, really love his patients. To be bored or annoyed or disgusted by the fancies and failures and queernesses of "nervous" people is to be foredoomed to failure. One has to be infinitely patient and genuinely interested, and yet detached enough—"cold-blooded" enough—to be objective in the handling of the sufferer. The same attitude must be preserved as that of the surgeon, intent upon an operation which interests him, fatigues him, concerns him, but moves him not a bit.

In the third place, he must have in mind clearly what he is trying to accomplish. Psychotherapy must aim at something more fundamental than the mere trying to make someone feel better. The conception of facilitating readjustment by an attack of some sort on the conscious and unconscious conflicts that produce the distress must never be lost sight of. The unconscious conflicts are the more numerous and the more powerful, but the solution of the surface difficulties often proves to be sufficient to restore peace. The symptoms for which psychotherapy is useful are those in which these struggles from the unconscious push their way into the conscious life, usually in painful disguise. Psychotherapy may strengthen a failing repression or it may remove certain unnecessary repressions and lighten the load, or, finally, it may change the form of the disguised escapes from the harmful to the useful variety.

To change a symptom into a useful activity is what one has in mind when one says of a neurotic patient: "If she had something to do to occupy her mind she would get over her symptoms." This theory is right as far as it goes; the difficulty is that it neglects the fact that the change from a symptom to a sublimation cannot be made simply as the result of an exhortation. There is a great deal of *resistance* (which is usually unconscious) on the patient's part to any such change, and it is as difficult or impossible for him to make the change without help as it is for a man in the ocean to swim to shore. He often knows well enough what would save him, but he usually feels it as the bitterest irony for one to tell him so, just as a drowning man would feel about being told to swim to shore to save himself. It is true, but it is impossible.

RESISTANCE

An understanding of the reasons why it is impossible is the fourth essential of intelligent psychotherapy. Resistance, as it is technically called, is one of the most important new conceptions contributed by psychoanalysis. Resistance is the existence in every individual of an opposition to relief of the very suffering of which he complains. The symptom is there for a reason; it has a purpose and satisfies a certain craving of the patient's unconscious. Consequently any effort to change it meets with opposition. A crippled beggar who has earned his living for twenty years by selling lead-pencils on the street would be in a terrible plight if suddenly cured by some miracle. He would have his legs back, but he would have lost his livelihood. He would be up against the necessity of a very difficult readjustment. He wouldn't want it. In a similar way every neurotic patient opposes a dissolution of his symptoms; in other words, in one sense he does not want to get well.

This may seem hard to believe. The neurotic patient, especially, finds it incredible. "Do you think I *want* to feel this way?" he will ask with dramatic emphasis and gestures.

"Not consciously," you reply, "but unconsciously your illness gratifies you —it is a solution, a compromise solution, of a problem. It is the lesser of two evils—so your unconscious thinks."

"Well, all I know is I feel wretched," the patient will reply, "and I know it's not imagination and I don't want it. I'll do anything in the world to get well, just anything!"

"All right. Be here at eight o'clock tomorrow morning to begin your treatment. I can assure you that you can get well."

"Well, now, doctor, I can't very well come in the morning because I promised my sister-in-law I'd go shopping with her. Couldn't I come the next day?"

Of course this is a little exaggerated, but not much, at that. Many, many patients come to me (and every other psychiatrist) for treatment who say they wish to get well and yet balk at the first suggestion. They really think they want to get well, they honestly believe it. They are as unaware of the reasons for their illness as everyone else is. And they shield themselves from finding out, or from having their illnesses dispelled.

Even Jesus in attempting to treat the mentally sick two thousand years ago met with resistance.

"And . . . there was a man which had a spirit of an unclean devil, and cried out with a loud voice, saying: 'Let us alone; what have we to do with Thee, thou Jesus of Nazareth? Art thou come to destroy us? I know Thee who thou art; the Holy One of God!' And Jesus rebuked him, saying: 'Hold thy peace, and come out of him.' And when the devil had thrown him in the midst, he came out of him . . ." (Luke iv. 33–5).

". . . A man with an unclean spirit, who had his dwelling among the tombs; and no man could bind him, no, not with chains. . . . And always, night and day, he was in the mountains and in the tombs, crying, and cutting himself with stones. But when he saw Jesus afar off, he ran and worshipped Him, and cried with a loud voice, and said: 'What have I to do with Thee, Jesus . . . ? I adjure Thee by God, that Thou torment me not. . . .' And he besought Him much that He would not send them [the devils] away out of the country" (Mark v. 2–3, 5–7, 10).

Resistance is shown in all sorts of ways other than in mere disinclination to take treatment. One of my patients recently began treatment with a great flourish, talked about it to everyone, and told what a wonderful thing he thought it was. But then he began to break appointments on one pretext or another and finally quit coming altogether. Another patient made several appointments and then found very good excuses for breaking them, but when she finally got to see me she told me she had been trying for weeks to get an appointment, and if I would give her another appointment she wouldn't break it for anything, no matter how inconvenient. She complained because I wouldn't begin the treatment that very day. She wanted an appointment the next day, which I gave her at considerable inconvenience. She never came back.

Many patients show their resistance by doing everything imaginable in the name of "treatment" except the thing most likely to cure them. A patient will very frequently enter the hospital in despair, hoping that three to six months of treatment will cure him, improve rapidly for a time, and then leave on account of "homesickness" just before a cure is accomplished.

Another form of resistance is to take a dislike to the doctor; still another is to have dreams in which the doctor is represented as a bad man. One of my patients said that the expression "That old devil!" kept coming to her mind constantly when she was in my office and she couldn't think whom on earth it could apply to!

TYPES OF PSYCHOTHERAPY

All methods of psychotherapy aim at accomplishing the overcoming of this resistance and the transforming of the patient's energy from harmful to useful forms. There are many methods and techniques. Look at this list, for example:

I. Methods using the principle of *suppression*
  1. Reassurance
  2. Exhortation
  3. Suggestion
  4. Placebos
  5. Hypnosis
  6. Distraction
  7. Persuasion
  8. Will-training
  9. Terrorism
  10. Hospitalization
  11. Religious assurances

II. Methods using the principle of *expression*
  12. Occupational therapy
  13. Re-education
  14. Mental catharsis
  15. Psychoanalysis

In the suppressive methods of psychotherapy the physician assumes an active attitude towards the patient's conflicts, and endeavours to push them back into oblivion. Expressive psychotherapy endeavours to pluck them forth, to remove them. It is something like the difference between medical and surgical treatment. In the suppressive types of psychotherapy—take Christian Science, for example, or hypnotism, or "persuasion"—the doctor does the talking. The patient is talked to, read to, exhorted, encouraged. He is given books to read, slogans to repeat, prayers to say, motions to go through. Everything possible is done to extinguish or suppress the conflict.

The expressive types of psychotherapy—psychoanalysis is the best example—are quite the reverse. The patient does the talking, and he has very little said to him except that he should talk it out. He is usually forbidden to read about mental illness; he is exhorted only to bring forth the repressed material and have the courage to look at it for what it is.

SUPPRESSIVE PSYCHOTHERAPY

In the expressive types of psychotherapy the patient is encouraged to remember and disgorge all he can; in the suppressive types he is told to "forget it," which really means that the conflicts are to be thrust deeper into the unconscious. The latter is a fine trick if one can turn it. It is quick; it is simple; it is inexpensive; and sometimes it is effective. In the vast majority of cases it doesn't "stick," for the obvious reason that conflicts, like mice, are apt to play as soon as the cat's away. Consequently unless some measure is adopted so that the patient is continuously held under the thumb of the suppressor, the symptoms often crop out again.

Sometimes, however, under suppressive treatment an internal change takes place so that the patient is thereafter able to take care of himself. This is a little like poulticing a boil. As every doctor knows, this sort of home treatment often does good. Every doctor also knows that most big boils, however, have to be lanced. In an analogous way the expressive method of psychotherapy aims to eradicate the conflicts—that is, to let out the pus. The disadvantage of this is that it takes time, skill, and money. The advantages are that it is permanent and that it makes the patient independent.

Suppressive psychotherapy is of many types, of which the following examples taken from Southard's collection of war cases[4] are typical.

Although these are all war cases, the same symptoms, the same pictures, and the same treatments are everyday routine in ordinary non-military psychiatric practice.

Cure by Award

(Paralysis)

"After heavy shelling a soldier fell for two days into a clouded state from which he waked with complete [paralysis of the legs], and total anesthesia from the pelvis downward (reflexes and electric excitability normal).

"On the third day after his reception [in the hospital] . . . news came that he had been promoted to a lieutenancy and had received the Iron Cross. He fell forthwith into hysterical convulsions, in the midst of which the hitherto paralyzed legs worked perfectly well! Even after the hysterical attack was over, the man could still move his legs in bed normally, but [could not stand or walk]. After eight more days . . . the new lieutenant got back his normal gait." (Nonne, December 1915)

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[4] E. E. Southard: *Shellshock and Neuropsychiatry* (Boston, 1918).

Cure by Rest

(Deaf-mutism)

"A musketeer was deafened and stunned by a near-by shell explosion. On coming to, he found no wound, but was deaf and dumb.

"Speech returned after ten days, and hearing partially, but there was a [severe] stuttering. He had to hunt anxiously for words, talked like a child in infinitives and telegram style, although he could express himself in writing perfectly well.

"Hearing improved on the right side very quickly, but on the left side conditions varied from total deafness to subtotal deafness. There was a general hyperesthesia of the skin, pain on pressure on the temples, exaggeration of skin and tendon reflexes, marked tremor in both hands. The man was anxious, depressed, and irritable. During caloric tests of the vestibular apparatus in the course of the next few weeks, the man had an hysterical attack of crying twice, following which all the phenomena got worse.

"Rest and isolation from all such influences procured an almost complete recovery in several months." (Zanger, July 1915)

Cure by Persuasion

(Vomiting, Incontinence, Inability to Walk)

"A soldier, 25, a low menial when war broke out, developed 'dysentery and gastritis' at the Dardenelles, although even before the dysentery his nerves had gone bad. He had diarrhea and vomiting, was sick every day, found himself unable to walk, and found himself always wet with urine dribbling day and night. Arriving in England and treated in a hospital, he still had vomiting. He had lived on milk and custard and had been kept in bed.

"The patient was convinced by earnest insistence that his legs were not as weak as he had supposed. He was encouraged to walk, put upon a light diet and then upon ordinary diet. He became an active worker in the ward, later going for five-mile route marches. Two months later he went back to duty in good health, weighing seven pounds more than before."

(MacDowell, December 1916)

Cure by Re-education

(Convulsions)

"An officer and his servant were blown up by a shell. The servant ran to fetch a stretcher for the officer, to whom he was much attached, but on his return the officer had made a few convulsive movements and died. Immediately after, the servant had a fit. During the next two months he had eleven more. The doctor made a diagnosis of hysterical fits resulting from emotion, explained his idea of their origin and nature to the servant, and the convulsions then ceased completely." (Hurst, March 1917)

Cure by Reassurance

(Lameness)

"A man on crutches, paralyzed completely in the right leg, partially in the left, developed paralysis in the right arm from the use of the crutch. There were marked vasomotor changes in the right leg and arm together with anesthesia to pinprick. Assured that he could move the legs perfectly he said he had tried and failed. After a persuasive talk in private he began to use the arm, and to walk perfectly. It seems that in the trenches he had a sharp pain in the right knee, after which he did not use the leg and it gradually became more and more useless. It had been paralyzed for three months. . . ."

(Russell, August 1917)

Cure by Suggestion (and a lady friend)

(Deafness)

"A fusileer, 20 years old, suffered from ear infections in childhood, followed by abundant chronic ear discharge. He relates that for a long time he was forced to wear a very large handkerchief on his shoulders to receive the pus which came from one ear.

"He entered the army January 15, 1915. In May he was sent to the front. Towards the end of July, 1915, while he was in the trenches a grenade exploded a short distance from him causing slight abrasions at the nape of the neck and in the fleshy part of the left calf. He was picked up in an unconscious state and taken to the hospital at Cervignano, where he was admitted as a deaf mute and was given electric treatments. After 18 days or so, first stammering and then pronouncing with difficulty a few words, he finally regained his speech entirely. Deafness continued, however.

"He was transported to a special hospital in Florence, where he was in a state of excitement for several days, with visual hallucinations, seeing 'many soldiers all about him.' By August 22, he was in a slight stupor; he remained impassive to the glance of his questioner without showing any signs of worry about his condition, nor did he make any effort to make himself understood by making lip-movements (which in contrast to another patient affected by organic deafness, who on the contrary made great efforts to understand anything said to him, clearly showing his great grief over his incapacity).

"He obstinately insisted that he was totally and incurably deaf. He failed to respond to auditory stimuli either by air or by bone conduction. It was possible from the beginning to exclude suspicion of simulation; during the day, indeed, it was not possible by any of the repeated attempts to awaken surprise in the patient by means of an acoustic stimulus. At night, however, while the patient slept, it was possible to awaken him by calling his name, or by making a fairly loud sound; the patient would then open his eyes but was quite unable to hear. Neither confusion nor hallucinations were in evidence. No other hysterical phenomena were noted.

"He was able to converse very well when questions were put to him in writing. Hence an attempt was made with suggestive therapy, the patient being emphatically assured (always in writing) that the following Sunday his hearing would be restored without doubt. Sure enough, the following Sunday, during the visit of a friend (female), hearing in his left ear was suddenly and almost completely restored to the patient. He was in profound emotion on account of this, and upon the appearance of the physician he had a hard weeping spell. During the following day he began slowly to hear with the right ear.

"During the latter part of the stay, however (until September 24, 1915), a slight deafness in the right ear persisted, along with severe headaches and pains in the left ear (which the patient compared with the suffering as a child with the ear ache)." (Buscaino and Coppola, 1916)

Cure by Hypnosis

(Amnesia; Fugue)

"A private had been found wandering in a village, in shirt and socks, unable to give name, regiment, or number. No Christian name seemed familiar to him. The past was a blank. He was depressed. There was numbness over the back of the head. The legs, hands and tongue were tremulous. The left arm and leg and the left side of the face, chest and abdomen were hypersensitive. There had been a nightmare of bombs thrown into trenches—one thrown by a German hit him in the back and woke him up in a cold sweat.

"He was hypnotised and asked to repeat the dream; then the points about his previous life were dragged out piecemeal. Next, the names of villages and nearby towns, and finally his own name, regiment and number were elicited. Finally the onset of the attack was reached.

"'After the bomb throwing,' he said, 'I must have gone off my nut and run away. I must have taken off my clothes in a field. I spent the first night in a hedge. I spent the next two nights in a wood. I ate nothing. The next night I was walking along a road on the outskirts of a village and I was taken to a house by two men.'

"On waking he proved unable to remember those things and was promptly rehypnotised, whereupon the memories became clearer and more ample. More powerful suggestion was given, and complete recovery of memory followed the second period of hypnotism. The pupils became larger. The despondency disappeared, together with the head numbness and the left-sided hypersensitiveness. He was transferred to a base hospital, and thence after three weeks to a hospital in England, made an uninterrupted recovery, and rejoined his regiment." (Myers, January 1916)

In addition to these war cases we could easily recite cases of civil-life shell-shock cured by Tanlac, Peruna, Unity, osteopathy, chiropractic, nux vomica, hæmorrhoid operations, and the laying-on of hands. It is no wonder the public is confused.

The illness is a flight from reality, and the treatment is a bringing back to face reality, accomplished virtually by the confidence inspired by a saviour, the belief in his predictions and his success, and an affection which encourages this belief.

Compare these examples[5] with the preceding:

Cure by Persuasion

(Claw-hand)

"A girl, whose hands were tightly clenched, and the nails of whose fingers were buried in the flesh of her palms, was also brought to him by her parents. For weeks she had been in that condition; and though the physicians who had been consulted endeavoured to open her hands, they tried in vain. 'Allow me, my dear,' said Father Mathew, in his winning voice; and taking her hand in his, and gently unlocking and extending her fingers, he brought it into its natural form. This was a case of pure hysteria affecting the limbs, such as is frequently seen in hospitals."[6]

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[5] The following seven cases are taken from Percy Dearmer's *Body and Soul* (New York, 1909), which contains many others.

[6] John Francis Maguire, M. P.: *Father Mathew* (1864), p. 532.

Cure by Reassurance

(Tumour)

"The life of the wise and genial Founder of the Oratorians [St. Philip Neri, 1551—1595] contains many instances of spiritual healing. [Consider, for example, the case of] Caterina Ruissi, whose tumor seems clearly to have been of a hysterical nature. St. Philip's method of dealing with her could not be improved in the light of our modern knowledge: 'There, my child,' he said, 'don't be afraid. You won't be troubled with it any more. It will soon be well.' And so it was."[7]

Cure by Affirmation

(Cancer)

"Lucrezia Grazzi had a cancer in one of her breasts and the physicians had determined to apply the hot iron to it, and ordered her to remain in bed for the operation. She, however, in the meanwhile, moved with faith in her holy father, betook herself to [Saint Philip Neri] and related her case to him. Philip answered, 'Oh, my poor child, where is this cancer?' She pointed to it, saying: 'Here, my Father.' Then the Saint, touching the diseased part, added, 'Go in peace and doubt not that you shall recover.' When she was come home, she said to those who were present, 'I feel neither pain nor oppression, and I firmly believe I am cured,' and so it proved to be. Soon after the physicians came to cauterize the cancer, and were lost in astonishment at finding not a trace of the disease."[8]

Cure by Sign of the Cross

(Paralysis)

"Once when [St. Francis of Assisi] the man of God had come to Narni and was staying there several days, a man of that city named Peter was lying in bed paralyzed. For five months he had been so completely deprived of the use of all his limbs that he could in no wise lift himself up or move at all; and thus having lost all help from feet, hands and head, he could only move his tongue and open his eyes. But on hearing that S. Francis was come to Narni, he sent a messenger to the Bishop to ask that he would, for Divine Compassion's sake, be pleased to send the servant of God Most High to him, for he trusted that he would be delivered by the sight and presence of the

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[7] P. J. Bacci: *Life of St. Philip Neri,* translated by F. Antrobus, (1902), Vol. II, p. 168.

[8] Ibid., Vol. II, p. 169.

Saint from the infirmity whereby he was holden, and so indeed it came to pass; for when the blessed Francis was come to him he made the sign of the cross over him from head to feet, and forthwith drove away all his sickness and restored him to his former health."[9]

Cure by Blessing

(Convulsions)

"There was a brother who often suffered from a grievous infirmity that was horrible to see. . . . For oftentimes he was dashed down, and with a terrible look in his eyes he wallowed foaming; sometimes his limbs were contracted, sometimes extended, sometimes they were folded and twisted together, and sometimes they became hard and rigid. Sometimes, tense and rigid all over, with his feet touching his head, he would be lifted up in the air to the height of a man's stature and would then suddenly spring back to earth. The holy father, Francis, pitying his grievous sickness, went to him, and after offering up prayer, signed him with the red cross and blessed him. And suddenly he was made whole, and never afterwards suffered from this distressing infirmity."[10]

Cure by Anointing

(Pains in the head and side)

"A sister of Ethelwald, 'abbot of the monastery of Melrose,' had been 'during a whole year troubled with an intolerable pain in the head and side, which the physicians utterly despaired of curing.' Cuthbert [died A.D. 687], in pity, anointed the wretched woman with oil. From that time she began to get better, and was well in a few days." (J. A. Giles: *Patres Ecclesiæ—St. Cuthbert, Beda,* Vol. IX, pp. 303–4)[11]

Cure by Consecrated Bread

(Wasting)

"Hildemer, a prefect, lay 'apparently near death.' One of his friends mentioned that he had with him some consecrated bread which St. Cuthbert had given him. Those present were very pious laymen: 'turning to one another, they professed their faith, without doubting, that by partaking of that same consecrated bread he might be well. They put a little of the bread in a cup of water, and gave it him to drink,' whereat immediately 'all his inward pain left him, and the wasting of his outward members ceased.' A perfect recovery speedily ensued."[12]

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[9] Thomas of Celano, in *Lives of St. Francis of Assisi,* translated by A. G. Ferrers Howell (1908), Chapters XXIII—XXV.

[10] Ibid.

[11] Dearmer: *Body and Soul,* p. 262.

EXPRESSIVE PSYCHOTHERAPY

Telling someone else about it is an ancient form of relief of which the expressive varieties of psychotherapy are only technical and specialized extensions. The Catholic confessional accomplishes commendable psychotherapy. My friend Dr. Charles M. Sheldon once shrewdly suggested establishing a Protestant confessional.

Confessing, talking it out, *mental catharsis*, as it is technically designated, is by no means a cure-all, or even a very effective treatment for most of the severe neuroses. This is because the neurotic illness arises, not from the superficial, conscious conflicts, but from the deeper, unsuspected, unknown conflicts. But it helps, and its simplicity commends it. Often it suffices for the psychotherapist to be a sympathetic, uncritical listener. I have a very intelligent patient, with a very bitter cross to bear, who comes to see me periodically, pours out a great burden of woe about which I can do absolutely nothing (as she well knows), and then pays her bill and takes her departure declaring that she feels much better.

Skeletons

Everyone's closet is full of skeletons—
Skeletons rattling their bones and laughing
Loud and cruelly,
Struggling to force the door and escape in an obscene riot,
And the struggle is pain.

Some of us hold the door with a long, brave effort,
Some have long ago locked it, and lost the key,
But skeletons still escape
In disguises—
Ugly disguises,
Or merely bizarre,
Or useful and beautiful often—
(Beautiful incognito!)

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[12] Ibid., p. 263, quoting Giles, op. cit., Vol. IX, p. 307.

The skeletons lose their power when exposed,
Bared by the long, lean knife of a self-inquisition,
The pressure against the yielding door
Ceases, and with it the pain.
The door goes shut,
Closing the skeletons in,
Silent,
Once more entombed.

Outwardly all is well;
There is peace again,
And quiet, and freedom from pain
Even though skeletons may remain
  Closeted.

K. A. M.

PSYCHOANALYSIS

Carried to its logical extreme, the talking-it-out method leads to psychoanalysis. But psychoanalysis as a treatment technique involves much more than merely the confessing of memories. In fact, the "confessing" stage soon passes, and the patient begins to recall and relate a great mass of material that may seem unimportant, and often seems highly fantastic. Parts of James Joyce's *Ulysses* sound precisely like the *free associations* of patients undergoing psychoanalysis. There may be much "filler"—many apparently meaningless trivia, much circumlocution, but eventually this and that memory begin to link up, and together with the recollections inspired by dreams, and the interpretation of those dreams, the patient gradually begins to complete the memory record of childhood in such a way as to understand the apparent meaninglessness of his present dilemma. He has discovered beyond any question of a doubt various unsuspected motives, wishes, fancies, fears, misapprehensions; and these, together with the emotional tension associated with them and with the efforts necessary to repress them, are released, relinquished, and revised. The actual treatment comes to be a struggle between the patient's desire to get well and his desire to avoid that necessity—and in practice this means a struggle between his transference and his resistance.

The best way to make this clear is to cite an example. Let us return to Marie Baker, the patient described at length in Chapter IV as illustrating the disastrous effects of over-fixation of the child's love on the parents.

The Treatment of Marie

Marie was, in actual life, treated by psychoanalysis. And this is a telescoped account of what happened: After she had told the story of her life in detail, which took several weeks of daily talks, she ran out of subject-matter. But she was directed to go on talking, relating whatever occurred to her. At first this seemed absurd and meaningless to her. Gradually certain things were recalled in regard to her father's devotion to her, her antagonism to her mother, her aunt's evil-minded prudery, her misconceptions of sex, her first realizations of physical love, things which she had long since forgotten. She recalled definitely some of the actual incidents of her childhood which led to her over-attachment to her father and to her antagonism to her mother; she traced this dominant father attraction through its various replicas in her superficial flirtations and Platonic love-affairs, and the obverse of it in her sudden passionate attraction to the one so unlike her father and so disliked by him. She came to see that when this last effort at satisfactory love adjustment, this one real and yet unworthy outlet for her love demands was withdrawn, the currents of her love stream became totally disorganized. (See Figure 17.) She was torn hither and thither by a storm of impulses, inhibited in their aim, and tending in all directions, so that the net result was impotent distress—her nervous illness.[13]

During the analysis Marie was frequently impelled to break it off, as she had broken off all other relationships in her life, prematurely. She was not always aware of this motive at first. She would suddenly feel as if it were useless to go on; she wasn't getting anywhere; it didn't do her any good; she was just as bad as when she started; it was silly, etc. None of these things were true, but she made them sound true, and believed them earnestly for a few days at a time. Then it would be finances—it was going to cost too much; she couldn't afford to go on; she wondered if the analyst wasn't charging her more than anyone else; she had heard rumours that sometimes he charged hundreds of dollars an hour; perhaps he would yet charge her on this basis. None of these were true, either, but at times they were serious obstacles. (Resistance)

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[13] Freud pointed out long ago that attacks of nervousness or "neurosis" are brought on by one of two situations (or combinations thereof):

(1) The presentation of an opportunity for libidinous investment (that is, for love, or for absorbing work, for achievement, etc.) which strains the powers of adaptation of the individual beyond his capacity; or (2) the withdrawal or loss of an outlet which has hitherto been satisfactory.

In Marie's case, of course, it was the second, as it is also in neuroses caused by the death of a loved one, jilting, etc. The first category includes such instances as those of the man who kills himself just after being promoted, and the woman who becomes ill immediately after getting married.

Again she would wonder if there were anything to psychoanalysis, after all; perhaps the analyst was one of those quacks you read about; after all, who could tell? It would be easy to fool someone. Mrs. Smalley had a neighbour who said that the analyst was worse than a quack. Such lament as this always slowed things up.

Again this resistance would appear in the form of long silences, refusals to speak, forgetting (?) to come or when to come, coming very late, etc. All of these efforts to dodge the hard work of analysis are typical of the experience. Sometimes they succeed in derailing the patient.

But usually the patient's persistence wins and a complete realignment and metamorphosis takes place. Increasingly the patient finds his or her emotional streams reorganized into a concentrated, directed current. The temporary object of this current of interest is the analyst. Of this the patient is usually unconscious. This does not mean that he falls in love with the analyst, in the ordinary sense, but more nearly in the sense that he originally loved his mother or father in early childhood, persons who are now represented for them by the analyst. This affection for and confidence in the analyst makes possible the deep revelations and revolutions which occur. It also brings together on a central focus the previously disorganized and scattered libidinous streams. (Transference)

And this is what happened to Marie.

After a time her sole interest was her analysis and her analyst. This continued until most of her conflicts had been ironed out. Then, in every analysis, comes the time when this temporary object must be properly displaced and ultimate objectives of a satisfactory sort substituted. The patient has to be permitted to walk on his or her own legs. I discontinued Marie's analysis and told her that from now on she must rustle along for herself the best she could. I told her that the aim of psychoanalysis, in one sense, was to make the patient independent—independent of her neurosis and also independent of the various persons and things upon which she had always leaned. The last step was to make her independent of the doctor, and that step I was now taking. "This," I told her, "is your rebirth." (See Figure 17.)

Well, Marie had a hard time of it for a while. She dreaded to go—she fought against going—but she went. A year later she got the university degree which she had started out to get fifteen years before and which had been pre-

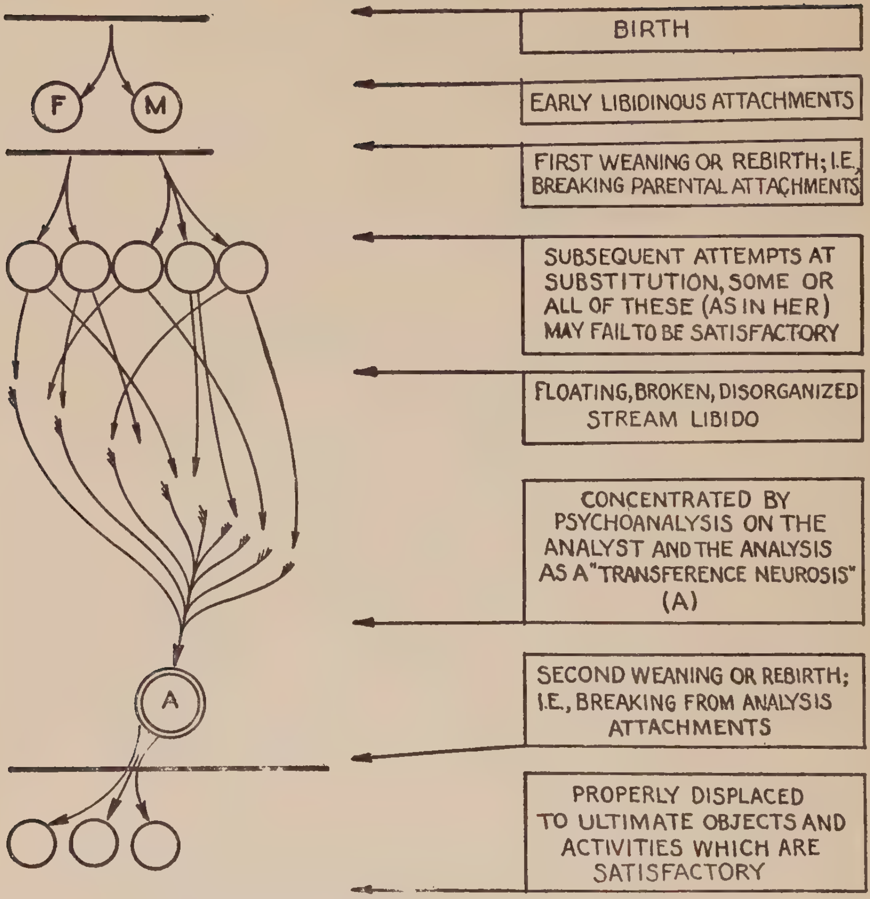
F
M
A
BIRTH
EARLY LIBIDINOUS ATTACHMENTS
FIRST WEANING OR REBIRTH; I.E., BREAKING PARENTAL ATTACHMENTS
SUBSEQUENT ATTEMPTS AT SUBSTITUTION, SOME OR ALL OF THESE (AS IN HER) MAY FAIL TO BE SATISFACTORY
FLOATING, BROKEN, DISORGANIZED STREAM LIBIDO
CONCENTRATED BY PSYCHOANALYSIS ON THE ANALYST AND THE ANALYSIS AS A "TRANSFERENCE NEUROSIS" (A)
SECOND WEANING OR REBIRTH; I.E., BREAKING FROM ANALYSIS ATTACHMENTS
PROPERLY DISPLACED TO ULTIMATE OBJECTS AND ACTIVITIES WHICH ARE SATISFACTORY

DIAGRAM OF THE LIBIDO STREAM IN A NEUROTIC PATIENT CURED BY PSYCHOANALYSIS

FIG. 17

vented by the neurotic crash. After graduation she first went home and spent a few days with the formerly intolerable mother and the over-fond but no longer enshrined father. Even her neurotic brother, Albert, with all his lamentations and complaints, did not in the least disturb her equanimity.

"You can get well, Albert, whenever you want to badly enough," she told him. "Just remember that. I moped around here for ten wasted years and look at me now. They all say I look that much younger. And I feel it. You can do it, but you've got to have the right help."

Marie then left the state and took a position in a store similar to that in which she had had so much experience. It was one of a chain of stores, and three years later Marie was cashier and auditor of the accounts of eight of these stores. This was two years ago. Since then she has risen a little higher. She is well and happy.

So much for psychoanalysis from the doctor's, or analyst's, standpoint. How does it look to the patient? To answer this I know of nothing better than an article by Lucian Cary, a short-story writer and newspaper man, on "How it Feels to be Psychoanalyzed."[14] With Mr. Cary's permission, I am reprinting extracts from that article.

"I asked him [the psychoanalyst] if there was any cure, and he said he would see, and we started in.

"In the course of three or four sessions I told him the story of my life from my earliest memory on. I believed I was telling it honestly. The fact is, I made a pretty good story of it. The omissions were particularly well chosen.

"When I got through he told me to go on.

"I said: 'What?' Every child knows that trick. It gains time.

"He said: 'Go on with your story.'

"I said: 'I've finished.'

"He said: 'What's in your mind at this moment?'

"I said: 'It's a matter of no consequence.'

"He said: 'That's just what I want to know—the things you think are of no consequence, but that you don't want to tell.'

"'Well,' I said, 'it's about some rabbits.'

"He said: 'Go on.'

"'Once, when I was four or five years old, I was playing with a little girl of about the same age in our yard at home. A man plowing in a field nearby turned up a nest of new-born rabbits. He gave them to us and told us to drown them. We played with them until we were tired of them, and then she proposed that I drown them. She couldn't drown them but perhaps I could. Of course I would—wasn't I a boy? So I got a bucket of water on the back porch and drowned the rabbits.'

"I hesitated, feeling as if I were about to cry.

"'Go on,' said the analyst.

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[14] *American Magazine*, May 1925.

"'My mother came out of the house just then,' I said, with an effort not to cry, 'and saw the little dead rabbits in the bucket, and she said, "Lucian, how could you!"

"'How did you feel at the time?'

"'I felt as if I had done something unforgivably wicked. I realize now,' I went on, 'that I've never mentioned that episode to another human being since. I've been ashamed to.'

"Telling the analyst the story as I have told it here gave me relief. I learned from him that all human beings carry around with them memories of their childhood too painful to tell—things they feel to have been sins no one else would commit. Getting these things out of your system, as the slang phrase goes, is good for you. And realizing that you aren't unique—realizing that you are human rather than wicked is good for you.

"But confessing your painful memories is not psychoanalysis. The true psychoanalyst is interested in what you remember only because it stands in the way of what you cannot remember. The process of psychoanalysis might be described as a process of helping you remember the situations of your childhood which were too painful to contemplate. The feelings that you have forgotten are said to be in the unconscious. The object of the psychoanalytic method is to make them conscious.

"Indeed, if I could have remembered the whole episode of the rabbits and all that it suggested, I should have remembered all the important feelings of my childhood. What is more, I might have been able to understand why I was suddenly unable to write any more stories.

"The chief method of helping you to remember what you have forgotten is the analysis of dreams. I brought my analyst the following dream, written out:

"I was driving a car. I came to a cross street. The road I was traveling did not go any farther. I must turn either to the right or to the left. A policeman stood at the crossing, in oilskins and a sou'wester hat. He pointed to the left. He said, 'You go that way.' I noticed that the road running to the right was crowded with traffic. The road to the left was free.

"The analyst asked me what came into my mind. After some difficulty, for I wasn't quite willing to tell him promptly the first thing that came into my mind, but preferred to tell him the second, or third or fourth thing, I began to do what he asked. I cannot set down all the things I said. It would take pages. But I can give you examples.

"'Left,' said the analyst. 'What does that make you think of?'

"'Right,' I said.

"'Go on—fast,' he urged.

"'Wrong—left-handed compliment—left-handed pitchers are better than right-handed—my father could write with either hand equally well—he shot from his left shoulder—he was a good shot—he made doubles on quail—I shoot from my right shoulder—my son, Peter, is left-handed—he is a fine boy.'

"That is what is called giving free associations. The method of translating a dream is a good deal like translating a foreign language. In translating a language you look up the words in a dictionary, and gradually dig out a meaning. In translating a dream you look up the words in your free associations—and gradually dig out a meaning.

"Your greatest difficulty in translating your dreams with the aid of an analyst arises from your unwillingness to find out the meaning. If you were perfectly free to announce to the analyst every idea that came into your head; if you weren't in the least afraid of what the dream might convict you of—you wouldn't need to be analyzed. You will not get very far in translating your dreams without discovering impulses in yourself that you would hesitate to hang on a hyena, no matter how noble your life has been.

"I continued for three or four months to take dreams to my analyst without learning anything very important about myself. My resistance was childishly stubborn and ingenious. I constantly inveigled my analyst into discussions of psychoanalytic theory. Such discussions between analyst and patient do not help any more than stopping to argue about the theory and practice of excavation in hard pan helps two men to dig a ditch.

"Instead of recognizing that I was more interested in arguing than in digging, I decided that I was practically cured. I thought that if I had a secretary I could work. I left off my attempt to find out why I couldn't work."

After a "lay-off," Mr. Cary tackled it again and this time went much further in discovering the contradictions between his conscious and his unconscious motives, traits, aims, etc. He discovered the reason for his persistent failure, and recognized other failures which he had previously failed to see. He goes on to list the changes he discovered in himself after his analysis—his greater honesty with himself, his greater willingness to face reality and renounce infantilisms, his greater efficiency, his better physical health, his lessened anxietes.

"But the result of analysis that interests me most is my increased enjoyment of life. The things I don't like, but have to do, such as going to the dentist, are less painful than they used to be. The things I like, I like better than I used to. I like my family better. I like playing tennis better. I like writing better.

"Nevertheless, I do not advise everybody to go and do likewise.

"An average analysis takes an hour a day, six days a week, for eight or nine months. As long as you are being analyzed, and for six months or so afterwards, you are advised not to make any important decision; not to marry if you aren't married; not to start proceedings for a divorce if you are married; not to choose a new life work. This is because the important effects of analysis do not appear for some time after the analysis is completed. It takes time to make a new adjustment to life. At best, analysis will take a year out of your life. . . .

"Competent analysts are very scarce. I have just counted off a list of fifteen American analysts of whose equipment I have some knowledge. Of these fifteen, only five have met the essential requirement of submitting themselves to a thorough analysis, and of these five only three are using the improved Freudian methods.

"Finally, psychoanalysis is an extremely painful ordeal. It forces you day after day to make admissions about yourself that you don't want to make; to give up, one after another, your dearest illusions about yourself; to see that your predicament in life is nobody's fault but your own; to face the facts about yourself. Your family and friends will not, as a rule, be sympathetic to your enterprise. They will tell you of people who have gone crazy or committed suicide as a result of psychoanalysis.

"In closing, I might mention the fact that psychoanalysis frequently fails. Many people who undertake to be analyzed fail to go through with it. Analysts are often compelled to dismiss patients simply because they are unable or unwilling to stand the pain of being disillusioned about themselves.

"Psychoanalysis, however successful, does not insure a happy or an easy life. All life is struggle. And all human lives involve painful choices. The attempt of psychoanalysis is to resolve the unconscious struggle in your own soul, and thus release the energy that is being wasted there, for your conscious purposes."

CLINICAL COMPROMISES

In the actual practice of treating sick people the psychiatrist (and the general practitioner) cannot expect to apply psychoanalysis very frequently. It is not applicable to most of the patients he sees. Some are too old (after fifty psychoanalysis is very difficult), some too ignorant, some too poor to afford either the money or the time; some have forms of illness to which it is not applicable. And where there are exterior reasons why such patients cannot be treated by psychoanalysis, the physician must find what therapeutic possibilities do exist and apply them.

One very useful method is a combination of expression and suppression. Sometimes it is called *re-education*. It amounts to this: The physician learns as much as he can about his patient, in all the ways he can, but chiefly by as much mental catharsis and as much environmental investigation as possible. These he puts together, consults his knowledge of the principles of mental functioning and mental disease, and his experience with other cases, and on this basis he gives advice, adjuration, enlightenment, encouragement.

And this works. Often it works wonders. Just the prescribing of certain books to read may be all the medicine necessary. *Outwitting Our Nerves* and *Why Men Fail* have relieved thousands of sufferers, and the same information given by word of mouth by wise physicians thousands more.

This type of psychotherapy is available to every physician who will take the trouble to use it. It takes a good deal of time, but yields good results in many cases. One difficulty is that patients are very often reluctant to tell their family physician factors of great psychological importance in their cases. Consequently he is greatly handicapped in getting at the root of the matter. Another difficulty is that the doctor is too often willing to pass the matter off with a careless adjuration or exhortation. He says: "Oh, there is nothing the matter with you," or he says: "Forget it." This is not often helpful, it is rarely permanent, and moreover it often offends and wounds the patient. Or perhaps the doctor will say: "If you would stop thinking about yourself you would be all right." This is a very weak and sloppy re-education. It is exactly this transfer of interest which the patient cannot make and which he must be educated to make. This the doctor must aim to do. The fact that some ministers and teachers have done it more successfully than some physicians is not because they know more about it, but because they see the necessity and make the effort.

One at a time the waiting line lagged by,
  Each with his tale of shattered nerves and life,
A household servant worn with drudgery,
  A schoolgirl overtaxed, an unloved wife;
A sullen, frightened youth with sin defiled,
  A fur-wrapped matron fumbling with her glove,
A sleepless mother mourning for her child,
  A soul-starved spinster hungering for love.

Pale wraiths of women, gaunt-eyed wrecks of men,
  I saw them pause and gather heart again.

To each he gave the best he had to give;
  To one, the age-old master-words, "I can!"
To one a fresh incentive still to live,
  To one, a new-found faith in God—and man.
But to them all he gave himself unspared,
  Not loftily aloof, nor heedlessly,
But to the dregs each bitter cup he shared
  And poured them endless wine of sympathy.

—Martha Haskell Clark

II. HOW CAN WE CHANGE HIS ENVIRONMENT?

Directly

Sometimes we must change the environment before we can change the patient. But there are wise and unwise ways to do this—scientific ways and unscientific ways, safe ways and dangerous ones.

Too often doctors and laymen alike resort to "flight" methods of treatment without considering the real nature of the illness. No one is ever made sick merely by his environment—that is one of our fundamental principles. It is the combination of personality trends *and* environment, and the effects they have produced in each other in the past. Just taking a trip, as is so often foolishly advised, in no way solves the problems of the maladjusted. Travel as far as they like, they cannot escape the internal problems, they cannot get away from themselves. And frequently the trip treatment actually aggravates the trouble.

"Traveling is a fool's paradise," said Emerson, in his essay on *Self-Reliance*. ". . . At home I dream that at Naples, at Rome, I can be intoxicated with beauty, and lose my sadness. I pack my trunk, embrace my friends, embark on the sea, and at last wake up in Naples, and there beside me is the stern Fact, the sad self, unrelenting, identical, that I fled from. I seek the Vatican, and the palaces. I affect to be intoxicated with sights and suggestions, but I am not intoxicated. My giant goes with me wherever I go."

The environment may be changed, to advantage, in only two ways. Either it is a matter of making this or that needed change in surrounding personnel, in locale, or in the direction of activities; or it is a matter of temporary removal to a place where internal changes can be made in the individual such that he can return to the life he has to live and live it happily and successfully.

Practically this means that if the psychiatrist's treatment and advice and the social worker's technique[15] cannot bring about an improved situation, the patient probably needs hospitalization. Most of those with severe mental illnesses do.

Indirectly—Hospitalization

By far the majority of the psychiatrists' patients are seen outside the walls of the sanatorium or hospital. But there are some who need hospitalization and do not get it. That a melancholy man or a suspicious, deluded woman needs to enter a hospital as urgently as does a person with acute appendicitis is not yet common knowledge.

Such patients need to be hospitalized

(1) to expedite recovery, since home treatment for such cases is worse than useless; it is apt to be aggravating;

(2) to protect the patient from himself, from the uncomprehending relatives, from the meddlesome neighbours and friends;

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[15] I long debated whether or not to include in this book a graphic presentation of the work of a psychiatric social worker. I gave it up, because to do so adequately would require several pages of details, while to do so inadequately might do them injustice. They will, I think, rise (or fall) with the "cause" of psychiatry; the psychiatrists already know about them, and that, for the present, is sufficient. Whitman described them fairly well in these lines from his "Song of the Answerer."

> . . . Whichever the sex, whatever the season or place, he may go freshly and gently and safely, by day or by night,
> He has the pass-key of hearts, to him the response of the prying of hands on the knobs. . . .
>
> He says indifferently and alike *How are you friend?* to the President at his levee,
> And he says *Good-day my brother* to Cudge that hoes in the sugar-field,
> And both understand him and know that his speech is right. . . .
>
> Then the mechanics take him for a mechanic,
> And the soldiers suppose him to be a soldier, and the sailors that he has follow'd the sea . . .
> No matter what the work is, that he is the one to follow it, or has follow'd it,
> No matter what the nation, that he might find his brothers and sisters there.
>
> The English believe that he comes of their English stock,
> A Jew to the Jew he seems, a Russ to the Russ, usual and near, removed from none. . . .
>
> The gentleman of perfect blood acknowledges his perfect blood,
> The insulter, the prostitute, the angry person, the beggar, see themselves in the ways of him, he strangely transmutes them,
> They are not vile any more, they hardly know themselves they are so grown. . . .

(3) to protect the public, because the mentally sick are prone to strange and antisocial acts in accordance with their delusions and feelings, and not in accordance with public welfare or expectations.

Once in a hospital for the treatment of mental sickness, what happens to the patient? How is he treated?

Just as he is treated in any other hospital, except that more allowance is made for his peculiar sufferings. If he wants to walk about, he may walk about; if he feels like weeping, he may weep; if he doesn't care to talk, his wishes are respected. But his safety, his nourishment, and his seclusion are seen to. This means many nurses, constantly in attendance. There are no call-bells in mental hospitals—the nurses are never so far away from any patient as to have to be called.

The isolation given the patient by his removal to a hospital for mental sickness is of itself a great benefit to him. He is placed in a neutral environment, away from the friends and foes with whom he had been associated when his affliction developed. He is surrounded by others whose sufferings are akin to his own, which helps him to objectify himself. To those unfamiliar with psychiatric hospitals the tolerance and forbearance and helpful sympathy of the patients for one another is incredible.

This alone, however, is not sufficient. The patient must be given the most comfortable environment possible, an environment in which even he, with his disordered capacity for doing so, can rest. There is always a degree of exhaustion, both physical and mental, which must be counteracted by external measures. This means comfortable beds. It means pleasant, well-ventilated rooms. It means easy access to toilet facilities. It means cleanliness, and cheerfulness in living surroundings. It means day and night nursing care and constant vigilance. Above all, it means nurses with temperament and personality who, instead of irritating patients, will inspire and reassure them.

Special Treatment. There are certain technical things that help a great deal in the resting and quieting and rebuilding of mentally sick patients. *Massage*[16] is valuable because of the stimulation it affords to the circulation as

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[16] Massage was one of the measures included by Dr. S. Weir Mitchell in his original outline of treatment for "neurasthenia." Massage is of unquestioned benefit in many nervous and mental cases, and it is not at all surprising that the osteopaths, crude as their technique of massage is, are so warmly supported by certain nervous patients whom they have apparently benefited. (Unfortunately for them, many osteopaths are evidently renouncing massage in favour of the ridiculous hippodrome calisthenics of the chiropractors, "manipulation.")

"The 'Swedish Movement Cure' was introduced into Sweden, in 1813, by Peter Henrik Ling, and was revised, in 1860, by Mezger of Amsterdam, but the movements which they practiced and taught were not original. Their fundamental principles were the same as those described well as because of the soothing and agreeable nature of its effects. *Hydrotherapy* (bath treatments) is of even greater benefit in many cases. Of this there are three types:

(a) Showers, sprays, and douches, consisting of a stream of water of prescribed and regulated temperature thrown upon the patient for short periods of time, usually with the idea of provoking an immediate reaction.

(b) Cold or warm packs, in which the patient is wrapped in sheets wrung out of water of a prescribed temperature, and next wrapped in woolen blankets and allowed to rest in a darkened room for from half an hour to two hours.

(c) Prolonged neutral immersion baths, in which the patient is submerged on a hammock slung in an extra length tub, into which water is fed from a thermostatic control at a standard and invariable temperature, flowing out of the tub at the foot. The quieting effects of this treatment are very marked.

Electrotherapy is valuable in the form of high frequency currents passed through the body, as the patient lies on a specially prepared couch. This is known as autocondensation. This treatment is useful in reducing blood-pressure and bodily tension, and in quieting nervous excitability. Ultraviolet rays are much used and provide metabolic stimulation to those in need of constitutional upbuilding.

In addition, most of the better hospitals now provide what is called *occupational therapy*. This is the training and guiding of patients in various handicraft work—weaving, basketry, carpentry, pottery-making, etc. This is not done merely to occupy the patients' hands or minds; it is more largely a matter of giving the stimulation of doing creative work to souls discouraged and disheartened by long inactivity and incapacity. The awakening effects of it in some instances are marvellous.

Of course all regular medical and surgical treatments and methods are also applied in mental hospitals, as in any others. These are too numerous and too technical for recounting here.

The development of the modern psychiatric hospital, with its emphasis upon individual diagnosis and individual treatment, is an enormous advance over the methods of caring for the mentally sick only a few decades ago. But

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in Chinese writings three thousand years earlier; the same as those used by the Brahmins of India, by the Egyptian priests, by Hippocrates, Galen, Rufus of Ephesus, and other physicians of ancient Rome and Greece, and by Hoffman and other noted physicians of the Middle Ages.

"To be an expert masseuse requires a thorough knowledge of anatomy, and constant practice. The limited number of lessons in massage generally included in the curriculum of a nurse's course does not fit her to undertake the treatment of severe cases."—Maxwell and Pope: *Practical Nursing* (Putnam, 1923), p. 922.

more important than the advances in equipment and clinical methods are the changes in the character of the nursing personnel and their attitude towards their patients. The personality of the nurse has much to do with the recovery of the patients in her care.

The following excerpts from a series of lectures to nurses[17] give some idea of their attitude and ideals.

"Now, it is quite true that some patients show a great deal of badness, or of what would be pure badness in you or me, but we must always remember that this is the result of their illness. . . .

"You must remember that it was this very illness which made it necessary to send them from their homes and place them here. You must therefore put up with them, and do your best for them. You cannot punish them as bad children, you cannot order them about as inferiors and command obedience. What are you to do? Well, you must earnestly set yourself to gain some influence over them and get them to help you in something useful or pleasant, so as to lead them unconsciously to forget their disagreeable habits and tendencies, to behave more reasonably, and gradually to regain the sense of what is right, and the wish to do it, which illness destroyed.

"I hear a whisper, 'I should like to see you influencing so-and-so!' There never was a human being that could not be influenced. Never, never! But how is it done? Well, first of all, and chiefly, by what you are yourself. You will never influence anyone until they discover that you are worthy of their respect. Personal character is, after all, the basis of the whole thing—and patients are very keen judges, although you may not think so. Patients sum up a nurse very soon. If they see that he is a man trying to do the right, a man who always speaks the truth, who is never unkind, or rough or harsh, who is just the very same whether the doctor is about or not—they very soon learn that such a man is worthy of respect and of trust and they do respect and trust him, and yield to his influence and guidance. . . .

"I do not know what quality comes first—so many high qualities are wanted for this work. Very likely I should use a word which may be less familiar to you because it is a Scotch rather than an English word. I should not even say kindness so much as *kindliness*. Kindliness means kindness and something more. It means a pleasant way of doing a kind thing. There are some people who do kindnesses in such a grumpy manner, in such an unpleasant sort of way, that there is no comfort in getting kindnesses from them. The giving of kindnesses seems to give them no happiness, and therefore it gives little to the person who benefits by it. If you want to give pleasure you must do kind things in a kindly fashion. It doubles a kindness if it is kindly done. Let us therefore practice kindly patience—patience above all! I know your patience is often terribly taxed. I know well how difficult it is to be always calm and self-restrained. No one can sit long in a ward and see what the nurses have to do, without feeling how trying and difficult their work is, and that it requires very high personal character to live up to it, and do it well. . . .

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[17] *Addresses to Mental Nurses*, collected by Bedford Pierce (London, 1924).

"Depressed patients, as you know, always give great anxiety by their suicidal tendency, and need constant care and watching, but they are not the most trying. The most trying to the staff are the irritable, insolent, abusive patients. I have often and often felt sorry for the nurses on account of the language they had to listen to, and the nasty insinuations they had to bear from patients who to all appearance knew better, and could have behaved better if they had liked. There is only one answer to abuse, and that is silence, still silence; and if you cannot be silent without rudeness, ignore the abuse as if it had never been spoken, and be sure that you reply calmly and politely.

"The object of all the insolence and nastiness is to wound and hurt you and to make you writhe under it. But if you show that you are not hurt or angry the abuse has failed, and it is not worth while to continue it; so the patient stops, seeing that she might as well have scolded the chimney-piece. There should be no sign of resentment, and no angry retort; behave just as usual, and as if you had not heard the abuse. If you have to speak, let it be with perfect politeness.

"I recall a patient who had insane suspicions, and was often angry with me. One day his anger rose to fury. He poured out abuse on me, followed me through the ward, shook his fist in my face, and threatened me with all sorts of personal violence. Silence would have seemed to him only contempt, so I answered quite calmly and politely that I had no fear of his hurting me, for no gentleman would strike another who, he knew, would not strike him back. The implied compliment, which at the moment he so little deserved, was effectual, for his rage soon reached its climax—and its conclusion—when he burst out, 'And you are so polite you would provoke the very devil!' . . . He found out that abuse was useless, and I think he never swore at me again" (Dr. David Yellowlees, loc. cit., pp. 24-30).

TREATMENT METHODS OF ONE HUNDRED YEARS AGO

Compare such solicitude and kindness and objectivity with the state of affairs only a few generations ago, as thus vividly reported:

"It is difficult for anyone familiar with existing conditions to realize the state of English asylums when George III. was king. We cannot understand how such appalling neglect and thoughtless cruelty could be tolerated. But in those times people were not easily moved by the sufferings of others, nor was the public conscience sensitive in respect to oppression, whether in asylums, prisons, or factories.

"Until 1777 it was one of the regular sights of London to visit the "lunaticks in Bedlam,' and at one time a regular income of 400 pounds per annum was obtained from fees paid by sightseers. In the early part of the seventeenth century appeared a song, 'The Tower of Bedlam,' in which the 'licentiated beggar' alludes to his asylum life:

'In the lovely lofts of Bedlam,
In stubble soft and dainty;
  Brave bracelets strong,
  Sweet whips, ding dong;
And a wholesome hunger, plenty.'

"The conditions under which the insane lived were indescribably bad. It was the universal practice to chain troublesome patients in dark cells; they were bedded with straw like cattle; their keepers were frequently persons of the lower class, and there was neither appeal nor hope of inquiry into their complaints. Unhappily, the medical men of the day defended the existing régime, and declared that no other course was possible. The routine treatment included blood-letting, starvation, purging, blistering, surprise baths, and whippings, and any method of inducing fear or terror was approved. Dr. Cox, in his book, 'Practical Observations on Insanity,' published in 1804, spoke highly of a machine into which four patients were strapped, which, when worked by a windlass, formed a sort of horizontal swing, revolving a hundred times a minute. Another authority recommended that the patient should be terrified into his senses by being chained in a well into which the water was allowed to rise very slowly until he was on the point of drowning.

"Even the King of England, when he became insane, did not escape ill-treatment. For the greater part of three months, he wore a straight-jacket, he was flogged, his feet were blistered, and tradition says that he was knocked down by his attendant 'as flat as a flounder.'" (From Bedford Pierce, loc. cit., pp 3-4.)

PROGNOSIS

"And do any of them get entirely well?"

So often is this astonishing question asked by students and others that I am constrained to add a final word about the prognosis of mental disease. In general, no branch of medical science, except obstetrics, is blessed by so many recoveries as is psychiatry. Most of us have nervous illnesses—mental sicknesses—and most of us recover from them, without going to a psychiatrist. And even those foolhardy enough to risk their lives and minds with a psychiatrist are not likely to fare badly. Most of them get well, because of him or in spite of him.

Private hospitals receive patients earlier in their illnesses and patients of better stock than do state hospitals, which are supposed to take only charity cases. About one-third of the patients admitted to private hospitals are discharged perfectly well, and another third practically so—at least improved enough to return to their place in life. Even in the state hospitals, not excluding the known "hopeless" cases, the statistics are not so bad.

For example, in New York State for the year ending June 30, 1923, of a total of 8,772 admissions, 1,825 were discharged entirely recovered! This is nearly 21 per cent, over one-fifth! In addition, there were 1,877 patients discharged as "improved" and "much improved." These were well enough to go home, although not entirely restored. The percentage was 21.4. Thus a total of over 42 per cent, or nearly one-half, of all patients admitted to New York state charitable mental-disease hospitals were discharged within the year of admission as improved or cured!

FALSE TREATMENTS AND CURES

If quackery and fakery abound in the treatment of physical ailments, which are much better understood by the public than mental diseases, the prevalence of buncombe and hooey in the treatment of mental disease can be faintly conjectured.[18] The following newspaper clippings give some notion of the state of popular ignorance and superstition in this regard:

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[18] See, for example, *Medical Follies* (New York: Boni and Liveright, 1925), by Dr. Morris Fishbein, editor of the *Journal of the American Medical Association* and of *Hygeia*.

"250,000 AT PRIEST'S GRAVE

Reports of Miraculous Cures Increase the Throng of Pilgrims

(By the Associated Press)

Malden, Mass., Nov. 17.—A Sunday crowd estimated by police at ¼ million persons gathered here today to pray at the grave of Father Patrick J. Power in Holy Cross cemetery, where reputed miraculous cures have been reported in the last three weeks. It was by far the largest number of pilgrims so far to visit the tomb in one day.

James M. Curley, mayor-elect of Boston was among those who knelt at the tomb. He prayed for the recovery of his wife, who has been in ill health for some time. He lingered among the crippled, diseased, and unhappy, and then departed only to return tonight with Mrs. Curley herself. Side by side the two knelt and prayed in a drizzling rain which set in at nightfall.

Tens of thousands filed through the cemetery all last night and the procession today never ended." (Attendance in the little cemetery during the third week totalled well over a million. See the report of Gardner Jackson's investigation, The Nation. December 4, 1929.)

—Kansas City *Times,* November 18, 1929

"INSANITY HEARING POSTPONED

Operation for Removal of Ball of Hair
May Cure John Gordon

"The insanity hearing of John Gordon, 924 West Railroad Street, has been continued indefinitely pending the outcome of an operation at S— Hospital yesterday morning, when a large ball of hair was removed from his stomach. His physicians believe the hair might have been responsible for his mental condition and that the operation may bring his mind back to normal.

"Gordon staged a fight on the banks of the Kansas river when Robert Pendleton and Oscar Perkins, deputy sheriffs, arrested him about a week ago. An x-ray of his stomach revealed a foreign substance. Gordon finally agreed to undergo an operation."

—Topeka *Daily Capital*

"SURGEON COULD REFORM CAPONE, SAYS OSTEOPATH

Slight Operation on Head Would Make Gang Leader Good,
Asserts Chicagoan

If a structural defect in the bony framework of Al Capone had been corrected a few years ago, he might have become a good citizen, according to

Dr. C. J. Gaddis, of Chicago, who spoke yesterday at the closing session of the Eastern Osteopathic Association at the Pennsylvania. A structural alteration in the bony framework of the gangster might still do a great deal of good, he added.

The supply of gunmen and racketeers, said Dr. Gaddis, has been cut off at the source in some sections of Chicago where the health of children has been intensively cared for and slight defects of posture and structure corrected."

—New York *Herald Tribune,* March 23, 1930.

"BUILDING A PRACTICE

Big Opportunity Offered to a Los Angeles Medico

" 'Dear Doctor

" 'I am bringing to you this Boy H. J. for some nose ailment. His mother says Doctor once before ordered an operation on his nose but he was afraid and run away. The past 2 years his nose Bother's his Brains and he talks Back to his folks and act like he was their Boss. His mother has heart trouble over him. I know he is a little off his nut, and I ask you If he need an operation nab him right now while you got him, or I never could get him here again. You would do his mother good as Well as him.' "

—*Journal of the American Medical Association*

"TO CURE 'BLUES'

Jap Miner Gives That as Reason for Slaying Six Women

Weirdest Murder Mystery in Japan's History Solved

"Nagasaki, Japan, June 23 (by mail to United Press)—The weirdest murder mystery in the history of Japan has been solved with the confession of Tokichi Hori, coal miner, that he killed six women and ate part of their flesh.

"The six mysterious deaths of women presented the same puzzle—in each case a large piece of flesh had been cut from the victim's right leg. All were killed near the coal mines.

"Admitting the murders, Hori confessed he consumed the flesh because of a belief that only this could cure him of melancholia, which affected him for years. He stated that he had served ten years in prison for a similar crime, and since he was released he sought the same cannibalistic remedy every time melancholia possessed him."

CHAPTER VI

APPLICATIONS

Philosophic section, dealing with the extensions of psychiatric theory

I. EDUCATIONAL APPLICATIONS
II. INDUSTRIAL APPLICATIONS
III. LEGAL APPLICATIONS
IV. MEDICAL APPLICATIONS

"It would seem that there are dragon-slayers and Grail-hunters. There are those who would prefer to be St. George and others who would rather be Sir Galahad. . . . Nor should we wish to swerve these zealots of the Grail from their goal. . . . [*But for the rest of us*] *evil is easier to perceive than good is even to conceive. . . . We should, therefore, take advantage of this ingrained destructive trend and endeavor in the first instance to destroy definite concrete, and observable evils rather than to construct indefinite, abstract, hardly conceivable good. Let the proximate task of evil destruction be accomplished and the ultimate task of constructive goodness will shortly follow. The formula might run 'Get the Grail, but first slay the dragon.'"*

—ELMER ERNEST SOUTHARD in THE KINGDOM OF EVILS

APPLICATIONS

Thus far I have had little to say about the situations which provoke maladjustment. One reason for this is that they are so numerous as almost to defy generalization. Another reason is that psychiatrists generally emphasize in their study the personality that fails rather than the situation he fails in. There is good logic for this. Suppose a car is driven into a garage for repairs. "Every fellow I passed seemed to head toward me," the driver tells the repair man. "Instead of staying on their own side of the road, they would veer toward me or get in my way or seem about to crash squarely into me."

Now the garage man might well feel like suggesting that the steering gear of the driver's car might have been the thing at fault. He had better do so if he expects to keep his customer out of subsequent wrecks. To patch up the incurred damage and blame the series of accidents on the other bad drivers may be comforting—but it's not scientific nor is it safe.

But of course the situations provoking disaster are not to be ignored—and are not ignored by competent psychiatrists. The scientific study of the environment of maladjusted people has become the working field of a new profession, the psychiatric social worker. Without her help the psychiatrist is greatly handicapped.

He has learned from experience, however, of certain particularly dangerous reefs. Marriage is one of them which has appeared in numerous examples already cited. The problem of education—of learning something according to the rules prescribed for mass education—getting and holding a job, a position of employment; and keeping out of the clutches of the official avengers of offended society—"the law"—these are some of the great reefs on which wrecks are strewn.

It is natural to suppose that psychiatry, familiar with the patterns of failure, should be able to understand educational failures, industrial failures, criminal failures—as well as health failures. And psychiatry has indeed been applied in these fields. To what extent, and with what success, may be gleaned from the following pages.

I. EDUCATIONAL APPLICATIONS*

Certain educators seem to possess a peculiar personality make-up which militates against the inception of new ideas. Just as a doctor dare not be sick, and be scoffingly directed to "Heal thyself," so these educators dare not discover that there is anything which they themselves may be taught. Their Jehovah complexes cannot tolerate the proffered help of other Jehovahs (for example, the psychiatrists).

The psychiatrists' own Jehovah complexes incline them to say "take it or leave it" to such educators, and of course the educators leave it. The wide application of mental-hygiene (psychiatric) principles to the educational system will come about very slowly; only, in fact, after the teaching profession has acquired them second-hand, from common knowledge.

Ask a teacher why Mary cries in school or why John fails to pass in spite of his "smartness," or why Helen does good class-work and always fails on examinations, and the fatuity, the shallowness, the unhelpfulness of the replies will break your heart if you have been thinking with intelligence (or even if you haven't been if it is your child). "She's just a peculiar child." "She doesn't apply herself." "He's spoiled." "He's lazy." All of which means simply that the teacher doesn't know and doesn't know that she doesn't know.

And psychiatry, which could help her, hasn't had a hearing. It really isn't known in polite educational circles. The National Education Association, the state teachers' associations, and the other official groups show no evidences of having heard anything about either mental hygiene or psychiatry, judging from their journals, their convention programs, the speeches of their leaders, the text-books of their mentors, and the performance of their protégés.†

"Mental testing" (meaning the measurement of intelligence capacity and of certain special abilities of performance and information) is used by teachers much as a clinical thermometer is used by some housewives; the only sickness she becomes alarmed about is something that registers a fever. Children whom these tests indicate to be having trouble are thrust into the "ungraded" rooms, or "retarded" rooms, much as if all patients found to have a fever were herded by the doctors into a huge "fever" room and treated for "the fever." The amusing irony of it is that in many places these collections of the educators' failures are called "opportunity rooms"!

How much elementary education is in need of some rudiments of mental-

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*Portions of this section appeared in the *Survey Graphic* for September 1929 under the title of "College Blues," by Karl A. Menninger, and are reprinted by permission.

† The visiting-teacher experiment may change all this. See, for example, the stimulating reports made by these workers (in affiliation with the Public Education Association of New York City) in *The Visiting Teacher at Work*, by Jane F. Culbert, *The Problem Child in School*, by Mary B. Sayles and Howard W. Nudd, and *The Problem Child at Home*, by Mary B. Sayles, all published by the Commonwealth Fund, Division of Publications.

hygiene information is eloquently brought out by a recent study of *Children's Behavior and Teachers' Attitudes,* by E. K. Wickman. Wickman discovered that such things as this occur:

Of several different third-grade teachers, each having the same number of pupils, all in the same school, one reported 3 dishonest pupils, another reported 18 dishonest pupils, one reported 2 day-dreaming pupils, another reported 34 day-dreaming pupils, one reported 26 cheating pupils, another reported 43 cheating pupils. Now something is rotten in Denmark, and presumably the trouble is not in the subjects, but in the queen.

Here is something Wickman discovered which is even more striking. He collected from over five hundred teachers their opinion of the relative seriousness of about fifty different behaviour problems such as stealing, truancy, laziness, quarrelsomeness, shyness, etc. Then he asked a group of psychiatrists and psychologists familiar with the beginnings and endings of behaviour-problem cases to rate the same symptoms as to relative seriousness. Of the first twenty-five *most serious* symptoms listed by the teachers, the psychiatrists listed as among the most serious only two! And the symptoms regarded by the psychiatrists as most serious nearly all appear at the bottom of the teachers' lists!

In other words, the teachers are colossally ignorant of what mental health and mental ill health look like. For them transgression of rules, offences against authority and against orderliness, are more serious than withdrawing, recessive personality and behaviour traits.[1] For them the ideal child is the one who gives them and their complexes the least irritation; that is, they prefer the less active, docile, compliant child and object to aggressive, experimental, independent behaviour.

Of course this is true only of the mass of teachers. It is quite natural, partly because they are human beings themselves, with their own complexes; and partly because they are ruled over by a hierarchy of "educators" who, as I have said, are totally blind and deaf to any mental-hygiene principles. But there are notable exceptions. I showed this manuscript to one of these exceptions, a teacher of great vision and wisdom. He read this part through several times. Then he said: "The class-room teacher hasn't much chance to apply mental-hygiene principles, even if she knew them. She's caught in a trap. It's the System. You don't realize what a thing that is—the Great American Education System. Chiefly because it's a System. The poor class-room teacher—God pity her!—aside from her own troubles, has to suppress, repress, and distress her little charges because someone above her is going to crack down upon her and take her living away from her if by any chance she permits a child to be natural. She'd love to study behaviour traits, scientifically, and know more about their origin and significance—but the System! The Henry Ford system under which she works requires duplicate parts of standard gauge!"

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[1] See Chapter II of this book on schizoid and isolation personality types.

Colleges and High Schools

The application of psychiatry to educational problems has been very differently received by the college and university authorities.[2] Of course it is too late, by then, to remedy some of the crippling. College students are a small minority of people, but among them is the salt of the earth.

To one interested in the motives and derailments of human beings, the college is a magnificent laboratory in which vast numbers of subjects run a gauntlet, with many glorious successes and many dismal failures. It seems wholly logical that modern psychiatry, concerning itself as it does with the difficulties people have in living, should be applicable to the difficulties that the students have in living their peculiar four-year lives.[3]

Each year thousands of college students fall by the wayside. They fail in curricular work, they fail in physical health, they fail in mental health, they fail in social adjustments. The wiseacres have many explanations to offer for this, but very little remedy. "Too many students are going to college, the pace is too fast, the ideals are wrong, the faculties are incompetent, the curricula are inappropriate. Above all, there is too much money and too much frivolity and too much social life. College students have much too good a time!"

The mental hygienist is somewhat out of sympathy with these explanations. He does not deny that some of them may be true, but his pragmatic sense is offended by the futility of such generalization. His whole point of view is individualistic, and, leaving problems of curricular adjustment and world politics aside, he is interested in what happens to John Smith and Mary Baker that puts them out of the running. The loss of John Smith may mean little to the college; the loss of Mary Baker may not very greatly distress the world; but some John Smiths and some Mary Bakers are worth saving.

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[2] A few high schools, also See La Salle-Peru, Illinois, Township high-school report of Misses Emma Olson and Harriet West.

[3] The fact that mental-hygiene counsellors have been appointed by twenty or thirty colleges and universities within the past five years is some indication of the faith and conviction which the movement has inspired. Yale University has a budget of $50,000 a year for the Mental Hygiene department. Washburn College, at Topeka, has had a mental-hygiene course for eight years, which is now a required subject for all freshmen. The University of Minnesota was the first state university to develop mental-hygiene work, chiefly through the energy of Dr. Angus Morrison. Dr. Stewart Paton at Princeton was the first official mental-hygiene counsellor.

Mental hygiene aims at saving them. It aims at the prevention of failure. Efforts at such prevention must begin long before the student flunks or has a nervous break-down or shoots his room-mate or enters an asylum. Such prevention must anticipate by many months, if not by years, such shocking and often irrevocable extremities.

Consider for a moment what the college freshman faces. He leaves the high school to enter a college. From being a senior, with all that it means, he becomes a freshman, with all that it in turn implies. From town or country he may transport himself to a city, and to a very sophisticated and complex group within the city. From living at home, with all its protection and consideration, he enters a rooming-house or a fraternity house. Meanwhile he (or she) is changing physically. (The average college freshman is almost but not quite an adult physically. This stage of *almost* is a very difficult one, as everyone knows except those who have never reached it.) There are many acquaintances to make of the same and of the opposite sex and there are certain attitudes to be taken, certain gratifications to be sought, certain new lines of inhibitions to be set up, and certain old ones to be broken down. There is practically a new spoken language to learn and a new set of taboos and a more or less thoroughgoing revision of perspective and objective.

In addition to these general problems, the collegians have special problems which the outside world knows nothing about, or else judges unsympathetically. There are problems of athletic ambition and disappointment (the world hears only of the successes). There are problems of Greek-letter fraternity complications, both inside and out, which only one in close contact with students can fully understand. There are problems of love-affairs dealt with in the immature fashion to be expected at this age, but also with an intensity which the unsympathetic may easily underestimate. There are problems of jealousies and envies inside and outside of the family, conflicts with parents, special antipathies to subjects and instructors, religious problems, curricular problems, physical problems real and imaginary, life-work problems, racial problems, sexual problems, economic problems—in fact, all the problems that older people have, plus a great many more. Think of all this faced by a freshman student of only average intelligence, of average emotional control and average ability, at the average American college or university, at the average age of eighteen.

It is surely not surprising that some students do not adjust themselves and are sent to the mental-hygiene counsellor or seek his help voluntarily. The mental-hygiene counsellor acts as a trouble shooter. He has to be familiar with the primary and secondary and tertiary interests of college students and with all the problems that assail them. In addition he must be familiar with the personality defects likely to lead to special difficulties and with the evidences of such distress. Then by personal investigation, by application of the methods of treatment known to psychiatry and already discussed, by helping the student to make corrections in his attitudes, his beliefs, or his objectives, or to alter his incorrect emotional reactions, and by endeavouring to bring about changes in the particular phases of the environment with which a particular individual is having trouble, he must attempt to avert a crash.

Such a point of view throws an entirely different light on many of the sins and failings of college students. Let me illustrate this with a few cases under headings representing some typical "problems."

"FLUNKING"

Why, for example, does a student fail in a subject? "Lack of brains" or "lack of interest" are the common formulas; but they're too simple. It is easy to detect actual deficiency of intelligence, and most of the "dumb-bells" are weeded out early in the race. And as for "lack of interest," where has the interest gone, and why?

Anne Bacon had been a brilliant student in high school and came to college with a scholarship because of her fine record. She made an excellent first impression and started off well, with a moderately heavy schedule. At the end of the first six weeks she was reported doing poor work in three of her subjects and at the end of twelve weeks was reported as failing in two of them. Her teachers, her faculty adviser, the dean of the college, looked in vain for an explanation. She said that she studied, but could not retain the material. Her intelligence test showed her to be far above the average in intellectual powers. The girls at her sorority said she was a quiet, studious girl who was rather uninterested in social activities and could not be said to have wasted her time in these activities.

I talked to Anne without getting much below the surface. It was quite evident that her heart was not in her work. She denied any interest in other activities or persons. She was mildly depressed over her failure, but seemed not to realize the seriousness of it herself or not to care. Suddenly, with an inspiration out of the blue sky, I said to her: "Anne, where is he now?" She looked at me for a moment and then burst into tears. This led to the unfold-ing of a romance that had ended in pregnancy, abortion, disillusionment, and separation, which she was doing her best to forget. She was labouring under the mistaken notion that by never mentioning a thing, by denying to oneself and to everyone else that it had ever existed, one could eliminate an emotional experience from one's life. That explosion in my office, the outpouring of pent-up emotion, and a few hints as to some correction in her attitude were sufficient to help her make the honour roll at the end of her sophomore year.[4]

"NECKING"

"Necking," "petting," or "spooning" is a widespread compromise indulgence, which probably requires no description. It is generally and futilely condemned. To understand more about it consider the following verbatim remarks of a father who came to see me:

"There is something the matter with my daughter. She complains all the time that she has a headache and palpitation and thinks people are noticing her. She lacks self-confidence and she does a lot of day-dreaming, but most of all I'm worried about her melancholy spells. If I say anything to her the least bit critical, she goes into a blue funk.

"That's a curious thing about her; she seems to be terribly over-fond of me. We've always been pretty affectionate with our children, but, to tell you the truth, she embarrasses me. She wants me to pet her all the time I am home. She will never sit in a chair if she can sit in my lap, and in fact she never has since she has been twelve years old. Here she is twenty-one years old, and when I come home in the evening, she will run and jump in my lap and sit there for half an hour or more, cuddled up with her head on my shoulder, patting my cheek, kissing me, and all that sort of thing. I know it is a little unusual, but I don't know just what to do about it.

"She has plenty of dates, goodness knows. I think she has averaged six dances a week all summer. She dances until midnight, gets up about ten the next morning. Her mother objects to it, but this doesn't seem to stop it. I don't know how far she lets the boys go with her. I know that one of them offended her several years ago and she came and told me about it and I chased him out of the house. I think she is pretty careful, but of course I realize that a father never really knows. I guess she's probably quite a petter. I've just been wondering how far I might have been responsible for it."

(He should indeed have some misapprehensions. Of course he was responsible for it.)

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[4] This is the treatment method known as "catharsis." See the previous chapter, p. 380.

"IMMORALITY"

Frances combined an excellent physique, a pretty face, and a superior intelligence. She was the daughter of a minister and an intelligent but prudish mother, against whom she carried on a spectacular rebellion without their ever suspecting it. Her first offences were conspicuous exhibitionistic demonstrations. She appeared on the campus in male attire. She announced in assemblages radical views which were sure to shock them. She informed the Y.W.C.A. leaders that religion was a lot of bunk, but she continued on Sundays to be quite active in her father's church.

"I," she said, "am a supreme person and I can go through the motions, but, after all, it is only I that matter and I know that religion is just so much narcotic which I don't need."

She informed her sorority that they were a bunch of snobs with superficial and frivolous ideas. She attempted to organize a Youth Movement in college and succeeded in a small measure.

The next phase of her development was a somewhat quieter one. Her vivid behaviour had attracted attention and she was gossiped about long before she was guilty of any of the radical conduct in sexual matters which she defended. She soon, however, decided that sexual experiences, as well as all others, should be hers and she began a series of experiments which involved partners varying from janitors to poets. Nearly all her stormy affections were with men much older than herself.

After a brief period of promiscuity she suddenly changed her tack and became a brilliant student and an accomplished performer in various student activities. Just as she was at the height of what appeared to be a reformed career she left school. She had become infatuated with a man about town twice her age or more and felt herself so engulfed by the affair that she was powerless to accomplish anything but a realization of her love for him. This being apparently impossible, she took refuge in flight.

Many readers will recognize the obvious Elektra complex here represented. This girl was mentally ruined in childhood by well-meaning but unwise parents.

UNPOPULARITY, INFERIORITY FEELINGS, AND "DATELESSNESS"

The struggle for recognition and approbation never ceases. Most of us are more or less consciously concerned with and at times worried over our standing in the esteem of our companions, neighbours, friends, and relatives. In college, where there is constant close association and a variety of opportunities for competitive self-expression, these questions are painfully prominent.

In general, students are distressed by (1) feelings of physical or intellectual inferiority, and by (2) feelings of social inferiority, unpopularity, friendlessness, and the like.

The latter group includes those pathetic cases of the girls who want "dates" and lovers and get none, and those still more pathetic cases of the boys who are too self-satisfied or too diffident to take any interest in women.

The causes for "datelessness," a common and often serious college disease, are multiple and varied. All too often it depends upon an unwholesome home training with reference to social contacts. A father or mother fixation, a feeling of impropriety, a false conception of the opposite sex (see the section on "the fantasy of the two kinds of women"), an over-development of self-love—these and others appear in such cases as the following:[5]

"Esther is from a ranch and is highly sensitive about the fact. She is very bashful and self-conscious. She is especially conscious about her clothes, which are hand-me-downs from an older sister. Physically she is short and awkward; for a while she bore the nickname of 'the runt.' She never attends any social functions except church. In her small-town high school, she was very sociable and active in school affairs, not paying a great deal of attention to her studies. In the university, however, she has practically drawn into her shell and has become a veritable bookworm. In high school she was known as a 'good scout'; in the university she is considered queer."

"'A. Arthur' he writes his name, and this indicates his mental make-up to a remarkable degree. His high school career was quite ordinary.

"In the fall of his freshman college year, he tried out for football, with no success. Then he tried in turn to make a debating team and a literary society, with similar results. It was at this time that his name began to appear as 'A. Arthur.' He became boisterous, especially so in the presence of students prominent in college activities. He let his hair grow long.

"He pays homage to no one. When his fraternity president returned to college from a trip abroad, he refused to walk four blocks to the train to welcome him. His professors are 'dubs.'

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[5] The next three cases are quoted from a study by Donald A. Laird: "Case Studies in the Mental Problems of Later Adolescence with Special Reference to the Mental Hygiene of the College Student," *Mental Hygiene,* Vol. VII, no. 4 (October 1923), pp. 715–33.

"He tried for success in a dramatic production, which was a marked failure. He was ill the next day and had to go home to let his mother take care of him. He and his father dislike each other.

"He is, by vote of the students, the most unpopular man on the campus, largely because of his arrogant, haughty ways, which are definitely forms of compensation."

"Thora was attending an exclusive girls' school in the East. She was very queer, upon her own admission and the description of those who knew her. She could not talk openly and seemed to be hiding something. She did not go with the boys, and did not dance with girls. She was very cynical and was affected with spells that much resembled hysteria.

"One evening, while some of the girls were holding a session in one of the 'dorm' rooms, she registered her distinct disapproval of conversations pertaining to the opposite sex. She spoke with tears in her eyes: 'My mother has told me never to talk about such things or even to think about them. She has told me all the horrible disasters that result from companionship with boys. She has frightened me from ever doing it, and when I think of marriage, I grow faint.'"

Such are some of the problems of college students as seen through the eyes of the mental-hygiene counsellor. The mental health of the college student is no longer to be left to the easy solution of pedantic educators, prudish deans of women, and garrulous contributors to popular magazines. It has become a matter for research, endowments, official reports,[6] and practical applications of fruitfully combined personal interest and scientific technique. The advance of the mental-hygiene movement has reached the citadels of the colleges.[7] We have some faint hopes that it may some day reach the public schools.

[6] See articles by Drs. Frankwood E. Williams, H. N. Kerns, Milton Harrington, George K. Pratt, Angus Morrison, Martin Peck, Macfie Campbell, Arthur Ruggles, and the author.

[7] "I must here bear witness to the great debt of gratitude I owe our consultant psychiatrist at Vassar, for the constant help he has given me at difficult moments. I am sure his tutelage has sharpened insight and brought into focus situations that were blurred and obscure. I have sometimes heard him jokingly describe his position on the staff of Vassar as 'assistant to the dean.' And that he has truly been. I would recommend, therefore, that every college and university have a psychiatrist as assistant to the dean, whatever else he be.

"The advance of mental hygiene in colleges and universities has come with such rapidity in the last five or ten years that it is no longer progressive to have an expert in mental hygiene on the staff and to give as respectable a place in the curriculum to mental as to physical hygiene. It is reactionary *not* to do these things. We have to do all this merely to keep up with the times.

II. INDUSTRIAL APPLICATIONS

The application of psychiatry to industry dates back only a few years. Among the pioneers in this field was that genius Ernest Elmer Southard, the late professor of psychiatry at Harvard. "Why are employees discharged?" he asked himself, and set out to ascertain. From the records of a large department-store he found these causes assigned:[8]

1. To accept better opportunities or get married.
2. For reasons of ill health.
3. Because the employee was dissatisfied.
    - a. Did not like supervision;
    - b. Distance too great;
    - c. Refused temporary work;
    - d. Refused to be transferred;
    - e. Resented criticism;
    - f. With salary;
    - g. Did not like working-conditions;
    - h. Work too hard.
4. Because the employer was dissatisfied.
    - a. Agitator;
    - b. Carlessness;
    - c. Dishonesty;
    - d. Drinking;
    - e. Fighting;
    - f. Financial difficulties;
    - g. Indifference;
    - h. Insubordination;
    - i. Irregular attendance;
    - j. References;
    - k. Superintendent's private file;

To make progress we shall have to move twice as fast. It is quite like the Red Queen's advice to Alice. 'It takes all the running you can do to keep in the same place. If you want to get somewhere else, you must run twice as fast as that.' For the direction in which we should go and for the means to take us there, we of the colleges must look to you experts in the field for guidance, and trust your lead."—C. Mildred Thompson, Dean of Vassar College (In *Mental Hygiene*, Vol. XI, no. 2, April 1927, pp. 226–240).

[8] An even more illuminating list, much more recently compiled (by John M. Brewer, of Harvard, in the *Personnel Journal*, Vol. VI, no. 3, p. 172) shows that sixty-two per cent of over four thousand cases studied were to be ascribed to traits of social incompetence rather than technical incompetence. His list follows: Insubordination, general unreliability, absenteeism, laziness, trouble-making, drinking, violation of rules, carelessness, fighting, misconduct, dishonesty, loafing or sleeping, dissatisfaction, habitual lateness.

l. Suspected of pilfering;
m. Too slow;
n. Reduction of force.[9]

All of these "dissatisfied" reasons suggest psychiatric needs, said Southard. Let us review some of these cases from the psychiatric standpoint. What are the real reasons for failure in industrial adjustments?

To the reader of the foregoing pages of this book, the implications of these symptoms as to personality defects will be obvious. It has been difficult, however, to convince business executives unacquainted with the psychiatric attitude that they have anything to gain from its application to their activities. "It's easier to just fire them and get others," they rejoin.

Gradually, however, a considerable number of large stores and companies have introduced psychiatric counsel into their machinery. Usually this means a consulting psychiatrist with a staff of a psychologist, one or more social workers, and the necessary clerical assistants.

ILLUSTRATING SOME PRINCIPLES OF INDUSTRIAL PSYCHIATRY

This work has centred in certain axioms which may be used as leads to illustrative cases.

I. *Sudden or progressive failure in efficiency may arise from a variety of causes, revealed only by psychiatric investigation.*

LOSS OF EFFICIENCY FROM ACUTE TRANSITORY MENTAL ILLNESS

"Miss A., age 26, resents authority, is uncooperative and has a feeling of being very important, according to the executive who referred her to the clinic. Miss A. proved to be a large, over-developed, fairly good-looking young woman, well dressed according to a rather florid taste. She came to the Conference Office with a broad grin on her face and an air of elation, refusing to submit to psychological tests or to talk with anyone except the director. 'I can't have my time taken up with trifling things,' she announced. Miss A. talked incessantly, changing from one subject to another so rapidly that she often left one sentence half finished to begin another. Her work showed that her job behavior corresponded with her mental caprice. She worked with a great pressure of activity, flying from task to task, but accomplished almost nothing. The clinical examination revealed that she was suffering from a well-known form of mental disease and was in need of sustained hospital treatment" after which she would probably be as efficient and agreeable as ever. "She was not a case for adjustment on the job."[10]

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[9] E. E. Southard in *Mental Hygiene*, Vol. IV, no. 1 (January 1920).

LOSS OF EFFICIENCY FROM CHRONIC MENTAL ILLNESS

"Mr. B., a man of sixty, though he gave his age as fifty-five, made a splendid first impression. He was tall, carefully groomed, with a low, well-modulated voice, a soft Southern accent, unusually good use of language, and formal, courteous manners. Inquiry revealed that he had limited schooling but had read widely to gain a good vocabulary and a speaking acquaintance with a variety of subjects. He was unmarried and had spent his life as a clerk or floorwalker in New York department stores, staying only a short time with each, and punctuating his employment with Wall Street sprees, during which he speculated as wildly as his meager savings allowed. After each venture in the Street he returned to store employment, but was never able to remain longer than a year in one position because of the 'dishonesty, underhand plotting, secret manoeuvering and chicanery of personal enemies, people who imputed to me motives and conduct that were but the reflection of their own unethical lives.' In Macy's he had encountered the same difficulties. 'There are things going on in this store about which the management knows nothing. They are very subtle. They are secret, but a shrewd man can see through such people. Of course the management does not know a good man, because of the hordes of malignant people surrounding it.' Because of his unusually pleasant manners and his success in meeting the public, it seemed worth making an effort to help this obvious paranoiac. But every attempt to help him sublimate his obsession failed. The friction that resulted from his attitude toward his associates and his superiors finally compelled a 'lay off.'"[11]

LOSS OF EFFICIENCY FROM MINOR MALADJUSTMENT PROBLEMS

"Miss C., age 20, was referred to the clinic because of her unsatisfactory work, her poor health, and her 'stiff, formal, impenetrable attitude' which handicapped her in contacts with her customers. Miss C. was a nice-mannered French girl, but excessively shy and retiring, too preoccupied with her own concerns to be a success as a salesgirl. Her father is dead, her mother and brothers and sisters in France, and she herself leads a lonely life in a girls' club where she does not feel at home. She suffered from indigestion, headaches, and insomnia. The clinical director talked over her health and job difficulties with her. He taught her some of the principles of physical and mental health and arranged a careful treatment program. She was intelligently cooperative and began to improve after her first contact with the psychiatrist. Six weeks later the buyer reported to Dr. Anderson: 'Miss C. has astonished everyone by turning in the best books of the department. Her sales record has been excellent and the girl herself is much brighter and better. I am delighted with the results in her case.'"[12]

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[10] From "Psychiatry in Business," in the *Survey*, December 15, 1927—report by V. V. Anderson, M.D., psychiatrist to Macy's department store, New York City.

[11] Ibid.

II. *Some employees fail because they are in the wrong job for their personality make-up.*

"Miss D. was taken on as a cashier. She was sent to the psychiatric clinic because of her inaccurate work. Intelligence tests gave her an I. Q. [Intelligence Quotient] 88. She proved to be slow in speed tests, fair in learning ability, and poor in accuracy tests. 'She does not concentrate well on the things at hand,' the assistant who examined her reported, 'showing a definite tendency to mental revery. She has a good general appearance. There is considerable emotional upset.' Miss D.'s mother is dead, her father remarried, and the home situation is such that she lives in a boarding house having, as she feels, been 'put out of my father's house.' On Dr. Anderson's recommendation Miss D. has transferred from the cashiers to the sales department. She liked selling and was said by her supervisor to be 'a good worker.' She remained under the care of the psychiatric department, her weight was brought up to normal and her attitude toward her situation has slowly but consistently improved. 'Her health is now excellent and her sales are good. She has received close psychiatric guidance and has done so well that recently she has been promoted to a junior executive job as head of stock.'"[13]

"Henry Allen made a very high mental test, being especially good in construction puzzles. He had come to the hospital as a voluntary patient in a depressed frame of mind, feeling unable to do his work. He had been sleeping poorly. He was fifty years of age and was physically quite negative except for tremors of the tongue, and fingers. He complained of headaches, aches in the bones, shortness of breath, and general weakness, but there was no physical basis determined for these particular complaints. He said that people laughed at him and said things about him in the office where he worked and that they had been doing this for years. In fact, he had really for years been worrying about this attitude of his fellow workers but had kept on in the office up to a fortnight since.

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[12] Ibid.

[13] Ibid.

"We found Allen a most instructive case from a certain industrial, vocational aspect. He despised the constructional details in his work and rather wanted to do designing. Of course the details in designing would, no doubt, have been as elaborate as the details of the constructive work; apparently it was the matter of an attitude adopted by Allen to the general nature of his work rather than to his mechanical capacity in it. It was as if he wanted to be more of a figure in the whole office by doing designing rather than the constructive detail. As the other workmen so constantly talked about him (as he thought) he did not want to work in a large office with many looking on. He felt he had worked only up to about twenty-five percent of his efficiency because he had not been rightly placed in the office. . . .

"Allen's case came up for particular consideration at a meeting of employment managers at the Psychopathic Hospital. It was at that time suggested that he ought to work for a firm large enough to employ a number of designers so that he might be given the work he liked rather than merely constructive detail. It was also suggested that he should work alone in an office. These suggestions have, in a measure, been met by arrangement with an employer who has given him greater and greater responsibility in his work. Short notices and pressure upon him for rapid work are avoided. He is earning now twice as much as before."[14]

III. *Hence many valuable employees who would otherwise be lost by discharge or resignation may be salvaged by proper psychiatric investigation and technique.*

The following graphic charts represent cases studied by Mary C. Jarrett, the dean of psychiatric social workers and one of the first to report industrial cases (this study having been made as long ago as 1917).[15]

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[14] E. E. Southard and Mary C. Jarrett: *The Kingdom of Evils* (New York, Macmillan, 1922), Case 100, pp. 361–2.

[15] From *Medicine and Surgery*, Vol. VI, pp. 727–41 (September 1917).

Case 1. MACHINIST, age 29. Diagnosis: DEMENTIA PRÆCOX [Schizoid Personality, see Chapter II]

Status at the Time of First Observation	*Period of Psychiatric Study and Treatment, resulting in:*
January 1916:	January 1917:
Industrial disability;	Good health;
Unemployment;	Regular work;
Debts;	Out of debt;
Suicidal attempts.	Cheerful.

Case 2. TAILOR, age 37. Diagnosis: ALCOHOLISM; DEPRESSION

Status at the Time of First Observation	*Period of Psychiatric Study and Treatment, resulting in:*
November 1914:	November 1916:
Unemployment;	Employment;
Gambling;	Wife now manages;
Inebriety;	Out of debt;
Contentiousness;	No love lost; tolerance;
Debts;	Cheerful.
Family discord;	
Suicidal attempt.	

Case 3. CLOTHES-PRESSER, age 41. Diagnosis: NEURASTHENIA

Status at the Time of First Observation	*Period of Psychiatric Study and Treatment, resulting in:*
1914:	1916:
Unable to work;	At work;
Supported by charity;	Set up in business;
Philanthropy;	Social service;
Family without support;	Family supported;
Suicidal ideas.	Cheerful.

Case 4. TEAMSTER, age 32. Diagnosis: ALCOHOLIC JEALOUSY

Status at the Time of First Observation	*Period of Psychiatric Study and Treatment, resulting in:*
January 1916:	January 1917:
Inebriety;	Sobriety;
Inadequate income;	Increased wages;
Suspicions of wife;	Suspicions gone;
Abuse of wife.	Abuse over.

Case 5. MACHINIST, age 47. Diagnosis: GENERAL PARESIS (Brain Syphilis)

Status at the Time of First Observation	*Period of Psychiatric Study and Treatment, resulting in:*
October 1916:	January 1918:
Disabled for work;	Employed;
Inebriety;	Sobriety;
Marital discords;	Happiness;
No income;	Adequate wages;
Debts;	Debts reduced;
No money for therapy.	Treatment.

IV. *Some employees are comparable to "habitual criminals" in their capacity for repeated failures.*

"A man of thirty-one came to the clinic at the request of the Red Cross, who reported that he did not work and did not support his wife. The patient himself complained that he was delicate and suffering from a general nervous breakdown. . . .

"He went only to the fourth grade in school, but claims to have obtained after that a 'good home education in engineering and chemistry.' His [mental] age was eleven years and six months, with an I. Q. of 72.

"He married at twenty-two and has three children. His first job was 'jumping' on a bread wagon. He was then messenger boy for the Pennsylvania and later in various telegraph offices, then clerk in the freight division, then call boy for the Pennsylvania Railroad. Then helper in R——'s bakery, then in C——'s bakery, then in W——'s bakery, then in H——'s, then C——'s again, then G——'s. Then went to North Carolina as a mail clerk. Then took a fish wagon. Then in various bakeries and breweries. He gave up his jobs often because he wanted to move around, often because he would get in a quarrel and 'smash' some fellow; but claims that he never acted so they would not take him back. At the time of his examination he was looking forward to being a brakeman on the Pennsylvania Railroad.

"In the meantime his wife complains that he beats her, sits around the house, refuses to go out and work and eats up what she gets by work and charity for herself and the children."[16]

V. *Some employees suffer from unsuspected mental conditions dangerous to the public.*

A certain conductor on a crack passenger train was retained for his experience and efficiency in spite of a reputation for ferocious temper tantrums. These tantrums seemed to have come on rather recently, and yet too early to be premonitions of old age, for he was only fifty. So fierce would he become over some trifle that even the engineers, the hereditary enemies of conductors, were a bit in awe of him.

On one occasion an old gentleman passenger became so engrossed in conversation that he rode past his stop. When our patient discovered this he went into a rage, stopped the train, and ordered the passenger off. It was dark and the old man had to walk the tracks back a couple of miles. On the way he fell into a ditch. The claim agent settled.

A year later, because the railroad company still stupidly disregarded the possible causes of this man's impossible disposition, the family, convinced that something was wrong, took him to a psychiatrist. He proved to have an advanced case of brain disease of the type known as general paresis. As previously discussed herein, this disease, unless vigorously treated—and often even then—ends in "insanity" and death. In the meantime it frequently leads to terrible examples of bad judgment and bad temper. Such men should never operate trains.

A patient reported to me by Dr. M. L. Perry, Superintendent of the Topeka State Hospital, was an engineer on one of the transcontinental trains. He suddenly pulled his engine to a stop in the middle of the plains one day and announced that he wouldn't proceed a foot until they got all those other trains off the track. There were no other trains in sight. His fireman managed to control him with the assistance of the conductor, until they could get to the next station, where he was removed. He had probably had brain syphilis for several years, a fact which could easily have been detected by examination some time before this episode, which might have turned out more tragically.

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[16] T. V. Moore: "The Pathology of Will," *International Clinics*, Vol. II, 33rd Series, 1923, pp. 121–2.

These two cases were recently reported to the Tennessee State Health Department:

"A conductor who was admitted to a hospital with paresis had been allowed to run his train until he was so demented that he had stopped it between stations and refused to go on. In another case the patient, also a paretic, had been discharged from the railroad at the recommendation of the company surgeon, but had secured employment on another road. Not long afterward he wrecked a passenger train."

Epilepsy is just as common as paresis, and almost as bad.

"A railway fireman, aged 28, came to the hospital September 28, 1912, because of having 'bad spells.' There was no history of nervous or mental diseases in the family. The patient was single, denied venereal disease, and showed no history of trauma. He did not use alcoholics, but smoked a considerable amount of tobacco.

"May 27, 1912, he had the first attack of which he had any knowledge. He lost the power of speech, had a 'faint' feeling through his stomach, his arms trembled, and finally he lost consciousness. He did not have incontinence, but bit his tongue in the attack and felt weak after it. About three weeks later he had another attack, similar except that he did not bite his tongue. About two weeks later he had still another attack. The attacks were all ushered in by the same aura and none of them occurred on the engine while at work. A neurologic examination was practically negative. The urine, blood, and blood-pressure findings were negative and a physical examination was negative. The Wassermann reaction on the blood was positive. An examination of the fundi oculi and of the nose and throat was negative.

"During his stay in the hospital he had an attack in which he first became apparently speechless, pointed to one of his companions, . . . mumbled and then fell out of his chair. He bit his tongue and made a few convulsive movements. He was unconscious altogether about five minutes. Following the attacks he could answer questions, but was dazed. He returned to his position because *he said he was about to be promoted to be an engineer* and did not wish to lose his place."[17]

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[17] Carl D. Camp: "Epilepsy and Paresis in Railway Engineers and Firemen," *Journal of the American Medical Association,* August 30, 1913, (Vol. LXI), pp. 655–7.

VI. *The "radical agitators" and trouble-makers are often recognizable as individuals affected with personality disorders of well-known types. So are some of the hard-boiled employers.*

For illustrative cases, see the section on schizoid personalities.

VII. *The public confuses industrial psychiatry with "industrial psychology" (which is largely the study and measurement of certain aptitudes with reference to their utility in certain positions), and with "character analysis" (which is plain bunk).*

Industrial psychology is a considerable body of doctrine and practice relative to the selecting of the right man for the right job. It is closely related to vocational guidance work, and both of these fields are distinctly the work of psychologists rather than psychiatrists. The psychiatrists really know very little about them. The psychologists, on the other hand, have devised, applied, and standardized all manner of performance tests to decide how best to use certain men, how to shorten certain operations, how to choose certain candidates, and so forth. For example, Mrs. Lillian Gilbreth of Montclair, New Jersey, conducts a school for the study and elimination of lost motion, and the discovering of "the one best way" to perform certain given tasks. There is much work being done, also, with reference to training salesmen; and the Phœnix Mutual Life Insurance Company has arrived at some astonishing figures with reference to the most desirable traits in employees for selling insurance.*

But all this, while beyond the ken of psychiatrists, is commendable scientific stuff. Quite the contrary is such hokum as the following case illustrates.

"Age fifty. Education, public school till age of fourteen . . . intelligence high B. Occupation, salesman, sales manager, adjuster of commercial claims in credit field, and collector. Excellent health, superior physique. Financially successful, liked the field of salesmanship" but "had always felt that if could but find the exact and proper vocational niche, he would be satisfied for the rest of his life, that he would then no longer feel a striving for accomplishment, but would sail on smooth waters. Family relations always satisfactory, but constantly troubled by this vocational problem.

"Subject had been to a character analyst in 1912, in 1915, and to two in 1922. The last analyst told him that 'your vital temperament gives you your arterial circulation,' and that he should be a public speaker if not a politician; that he should be in construction work; that his executive talent was strongly represented through his large destructiveness; that he could handle men and read people like a book; that he could become an efficiency engineer, an inventor, a consulting lawyer advising young men how to run their business; that he had all the requirements for a decorator, an art critic, or a connoisseur of antiques; that he made an excellent host; that he should cultivate his secretiveness, control his sublimity, and he would be a benefactor to all"![18]

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* For example they found that older men are much more likely to succeed than younger men. And by proper selection on the basis of the optimum age, education, social adaptability, etc., "500 salesmen now sell over three times as much life insurance for us as 1700 sold" previously.

Industrial applications of the psychiatric point of view and psychiatric technique are sure to increase rapidly, more rapidly, in fact, than it will be found possible to supply the necessary trained personnel. The more automatic and mechanical human life becomes, the more important will be the individual peculiarities of the human beings that control the machines. I was once employed by a corporation to investigate its force of employees and make recommendations for the improvement of efficiency. It ended by my recommending that the general manager and the vice-president, whose hatred for each other had involved difficulties all through the plant, be reconciled or removed.

Ultimately railroads will supplant their "chief surgeons" with "chief personnel officers," who will be medical men, but not surgeons. Instead of being trained merely to care for damaged bodies, they will have had training in the understanding, evaluating, and providing for damaged personalities.

This, for example, will throw a very different light on train wrecks. It will give the "Safety first" campaigners new heart and some new ideas. It will probably save the railroads and factories and stores some valuable employees whom they are losing now for superficial reasons.

I am told by medical men high in the counsels of industry that what has prevented this coming to pass long ago is the opposition of the labour-unions. I don't know this to be true, but it sounds likely. As one who tries to be friendly to organized labour, I must nevertheless concede that labour leaders have so often caused labourers to stand in their own light that anything so likely to help individual workmen as the applications of psychiatry to industry would probably be fiercely combated by their organizations.

The American citizen distrusts experts—in theory. But in practice—privately—he consults them.

III. LEGAL APPLICATIONS

As the science dealing with the queer and untoward behaviour of human beings, psychiatry is naturally much concerned with crime. But tradition and custom and legal precedent have greatly handicapped the approach of the psychiatrist to the criminal. He appears popularly as the partisan interceder for the occasional accused criminal; he turns up to "save" some wretch from his "just dues" by pronouncing him "insane." And this is so absurd, unjust, and irritating that Mr. Dooley's caricature of the psychiatrist in court is probably not far from the prevalent popular opinion.

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[18] Lorine Pruette and Douglas Fryer: "Affective Factors in Vocational Maladjustment," *Mental Hygiene*, Vol. VII, no. 1 (January 1923), pp. 102–18.

"'D'ye know this prisoner?' says th' coort. 'I do,' says the alienist. 'How long have ye know him?' 'I see him first an hour ago, but I have sized him up. This young sign iv a wealthy fam'ly is suff'rin' from parynoya, dementia precox, dementia Americana, submerged ego, repressed desires, inferyarity complexes, deeliryum threemens, an' congenital peevishness. In a wurrud, which ye'er honor will undherstand, he is completely bug. I think he ought to be locked up.' 'In an asylum?' says th' coort. 'No, indeed,' says the Dock. 'That wud be crool to his worthy parents an' to a young man who has been brought up in luxury an' who, outside iv th' few thriflin' ills I have mentioned, is entirely normal. I suggist that he be sintinced to some quiet rethreat in th' country, where he will have ivry attintion that a young man iv his means requires f'r his comfort—dilicate food, a well stocked cellar, an' th' companionship iv his akels. I can direct th' coort to such an institution. It is pleasantly situated in a rollin' counthry, with tennis, goluf, swimming, et cethry an' so on. There this eccenthric but on th' whole lovable young man can spind his days in manly exercise or in long walks an' talks with th' other afflooent cuckoos who rave undher its hospitable roof. I know just such a reposeful nook. In fact, I own it mesilf.'"

Now the psychiatric profession is far too dignified and idealistic for this to be true. But it certainly does appear to happen. How can this be, and what *is* the proper relation of psychiatry to the courts?

THE OLD PROBLEM OF GOOD AND EVIL

Let us approach the problem historically. Once all human behaviour was accounted good or bad. The "good" included the pious, the proper, the conventional, the routine, the harmless, and the inconsequential. The "bad" included the heretic, the improper, the unconventional, the unusual, the delirious, the antisocial, and the not-understood.

Ultimately the "bad" became subdivided into two groups, the inexplicable and the explicable. In the one group were placed those who did strange things. The evil they wrought brought no evident profit to themselves. In damaging society they gratified no familiar desires. Their conduct became uncontrollable, they expressed baseless fears, they mutilated themselves, they looked upon their best friends as enemies, they attempted or committed unprovoked murders, they set fires gratuitously, they stole profitlessly.

Because their conduct was mysterious, such people came to be regarded with a certain awe, and the prophets proclaimed it inhuman to punish them. Eventually, too, it was discovered that drugs would abate some of these aberrancies. They were therefore relegated to the doctors, who were told to do with them what they would and could. To justify this relegation legally, the term "insanity" was coined and impressed into legal use. Those who were relegated, certified, disposed of to doctors, were to be known as "insane."

The other group of the "bad" did things apparently easier to understand. They did what nearly everybody else at some time had done, or had desired to do, but which conflicted with social convenience and comfort. They stole useful and valuable things such as most men might covet. They took revenge upon those who injured them, and if they murdered, the victims were their enemies. Though these things were forbidden by tradition, religion, and the law, they were instinctive with nearly all members of the race. Even the "good" must struggle against the same temptations, and every normal adult remembers more or less painfully his juvenile offences in the same directions, though his childish thefts were trivial and his murderous impulses did not result in killing.

Recent scientific discoveries indicate the improbability that these "obvious" offences are committed for the obvious, the apparently obvious, motives. Motivation of conduct is found to be much more largely unconscious than conscious, and the conscious explanations are apt to be superficial rationalizations. Nevertheless, the offences committed are of a sort which the public *thinks* it fully understands, and this in the long run decides its attitude towards the offenders.

Society, as we have seen, came to consider it inhuman to punish the wrongdoing it did not understand. But a host of avengers arose to clamour for the blood of the wrongdoers whose conduct seemed comprehensible. It was as if each one desired to crush someone else for yielding to what the avenger was so fiercely struggling against in his own soul.

To resume: the sinners whose sins are inexplicable to laymen are officially labelled "the insane"; those whom we think we understand, judging intuitively by our own struggles, are officially labelled "criminals." The former have been accorded increasingly efficient scientific study and treatment; the latter have been traditionally treated by punishment.

Both the "insane" and the "criminals" so labelled have been increasing in numbers more rapidly than the general population. It is significant to observe the difference in the handling of the two resulting social problems. The increase in mental disease has been met with a scientifically planned program for the promulgation of mental hygiene; the increase in the allied type of misconduct has been met with hysterical squawking and fatuous preaching about the "crime wave." Amateur criminologists have advocated ten thousand remedies for the cure of crime, from compulsory Sunday-school attendance to the abolition of automobiles, cigarettes, and rolled stockings. Out of thousands of articles on the subject in current American literature, few have in any degree evinced a comprehension of the scientific bases of human conduct.

THE THEORY OF PUNISHMENT

Punishment of criminals is theoretically advocated for one or all of three reasons. It is supposed (1) to reform the criminal, (2) to protect society, (3) to deter others.

It is hard to believe that anyone at all familiar with jails and prisons supposes that confinement in them reforms the criminal. He knows that at the end of their terms prisoners are likely to be more dangerous men than they were at the beginning. Nearly every warden says so, and all but the most somnolent judges know it and regret it.

That society is entitled to protect itself from the depredations of evil-doers by confining them somewhere, no one disputes. But a prison term comes to an end at the expiration of a fixed sentence, or earlier at the whim of parole officers actuated by sentimental or political considerations or by the administrative necessity of emptying overcrowded cells to make room for new-comers. Neither the arbitrary length of the sentence fixed by statute, nor the date of parole capriciously bestowed, corresponds with any change in the prisoners by which, if a dangerous man, he becomes a safe one. Hence we have the tragicomedy of the offender, sentenced for a fixed period, serving a small part of it, and repeating time after time the offence from which society is supposedly protected by the jail.

That the spectacle of punishment may deter some persons from committing crime is conceivable, although it has not been scientifically demonstrated. But obviously it does not deter all persons, or crime would have ceased long since. The criminals now occupying our prisons were not deterred. Only a casual inspection of any prison population should convince the thoughtful that the persons whom punishment is intended to deter are incapable of the proper appreciation of deterrence. In other words, mentally intact persons may indeed be deterred by certain legal threats (it is a question how much). But it may not be at present the mentally intact persons who commit crimes, and the mentally impaired are notoriously incapable of ordinary reactions of social adjustment.

In serious offences there is another element, itself ordinarily powerful enough, perhaps, to control those capable of being influenced by deterrents of any sort. That is the profound feeling of social disapproval, involving moral disgrace, manifested towards crimes really considered grave. Most of us are aware that our conduct is restrained in many particulars by a sense of social approval even in fields not covered by statute law at all, though some people are indifferent or rebellious to this kind of control as well as to law. There are some legal offences, on the other hand, which carry no moral stigma with them, such as minor violations of the traffic laws. It is only in these cases, relatively unimportant and outside the field of the usual discussion of the crime problem, that the specific penalty has an independent restraining influence, be it great or small.

It would seem, then, that present modes of punishment actually accomplish none of the things they are supposed to do, or, at any rate, do not accomplish them so well as some other system might. The reasons usually given to justify punishment do not explain why it exists. They serve only to conceal the truth, that the scheme of punishment is a barbarous system of revenge, by which we "get even" with the criminal.

Science is not interested in revenge, and science is notoriously opposed to accepting traditional classifications. And psychiatry, the branch of science concerned with aberrant behaviour, has no respect for such stratifications of human behaviour as "good" and "bad," "criminal" and "insane."

Once it was sufficient to diagnose an illness as "the fever"; now medical science knows scores of fevers, each of different causes, course, and complications. Similarly the psychiatrist cannot regard theft or murder as a diagnosis; these are single symptoms appearing with other symptoms in a variety of groupings.

Originally, it is true, the psychiatrists were chiefly concerned with those types of wrongdoers who had been labelled "insane" by the law-makers and gathered into special institutions. But when they had studied this material according to scientific method, they discovered no such partitions between the "insane" and the "criminal" as had been erected. They found that the types and trends of abnormal psychology extended far out from the "asylum" into the court-room, the school, and even the home. They found their task as definitely defined in the terror-ridden child as in the maniacal youth, as much in the melancholy and unstable mother as in the suicidal or homicidal father. They found their experience and technique equally applicable to the irascible employee, to the retarded schoolchild, to the unhappy suspicious husband, to the deluded and hallucinated wife. The psychiatrists, face to face with the legal partitions of the misbehaved, found they had no technical interest in these partitions or general agreement with them. As scientists they are concerned with *all* the unpropitious trends of human character, with all acts, thoughts, emotions, instincts, and adaptations, socially and individually adverse. To the psychiatrists there are no "criminals" and no "insane."

The scientific attitude as shown in psychiatry must sooner or later totally displace existing legal methods. Formerly doctors treated patients, not by applied intelligence, but by precedents established by Hippocrates, Paracelsus, and Galen. The doctors have now left this method one hundred years behind them; must the lawyers still continue solemnly to apply mediæval stupidities in the name of "established precedent," "public policy," and other mouthy archaisms? Many of the ablest lawyers are earnestly striving to better this situation. But a large share of them, unfortunately, are indifferent to the problems of criminal procedure, because they never practise in the criminal field and have no interest in criminals as individuals.

"JUSTICE" AND "RESPONSIBILITY"

Meanwhile the declamation continues about the travesties upon *justice* that result from the introduction of the psychiatric method into court. But what science or scientist is interested in *justice?* Is pneumonia just? Or cancer? Or gravity? Or the expansion of steam? What criteria of "justice" can be applied to a broken arm or a weak mind? And to what good end? The scientist is seeking amelioration of an unhappy situation. This can be secured only if the scientific laws controlling the situation can be discovered and complied with, and not by talking of "justice," not by debating philosophical concepts of equity based on primitive theology.

This brings up the conception of "responsibility" with which the psychiatrist is often faced, but with which also he is unconcerned. He has no idea what it means, although he is constantly asked to testify concerning it. The psychiatrist asks not "Is that man responsible?" but "Of what is he capable or incapable?"

Responsibility in the legal sense means punishability. The sense in which responsibility is used is an echo of the antiquated legalization of primitive and infantile reactions known as the talion law. In other words, "He hits me, so I hit him" (in spite of the scriptural adjuration that vengeance is the Lord's). No scientist has a moment's consideration for such emotionally determined policies. To say that they effect nothing is redundant.

The idea of responsibility runs back to the practices of primitive religious systems and is founded on the mystical concept of atonement. Every transgression had to be compensated for by some tangible sacrifice—if not by the transgressor, at least by some kind of scapegoat. For every offence somebody had to pay.

There was a time when even inanimate objects were held to this kind of accountability. If a man tripped over a chair and injured himself, the chair was "responsible" and must be punished—by being burned or broken. Until comparatively recent times animals were held responsible for injuries they committed; they were tried and convicted and formally sentenced. But ultimately inanimate things and animals came to be excepted from the ritual of responsibility; and slowly but progressively children, idiots, and finally all the "insane." Various curious tests then had to be decided upon to determine the "responsibility" of persons suspected of "insanity." Once they were compared in appearance and conduct with wild beasts. A later test was comparison with the mentality of a fourteen-year-old child. This was actually the criterion of "responsibility"! Current today in some states is the "right or wrong" test, which undertakes to determine whether the individual knows the difference between right and wrong or knows that his act is one regarded as wrong. It persists, notwithstanding general knowledge that people are actuated by various compulsions to do things they themselves regard as wrong in the most shameful sense. The capacity to feel remorse does not imply power to control conduct.

The legal problem of responsibility evidently involves the philosophical problem of "free will." Philosophy still debates the difficult issues of the question, and science can hardly give a final answer to them now. But the law stubbornly maintains that the question is closed. According to the law, all persons of certain categories possess absolute freedom of will, and all persons of other categories possess none. Neither science nor philosophy can accept such a conclusion.

A scientist does not wish to participate in the ritual of punishment, though he has a professional interest in observing how it gratifies the craving of the crowd for atonement through vicarious suffering. For his patients the psychiatrist seeks, not punishment, but treatment. This, in a sense, is an inhuman attitude, in that it is a departure from the instinctive mechanism that rules most of humanity; the clamour for vengeance is more human. But treatment may sometimes be as painful as the sacrifice prescribed by the legal ritual. Opening a boil or setting a fracture may be painful, and the psychiatrist, too, may prescribe painful treatment; but it is never punishment.

PRACTICAL RESULTS

The advantages of a changed attitude towards criminals seem too obvious to elaborate. With every prison in the land half filled with repeating offenders, there seems to be justification for current newspaper alarms over the "crime wave." So long as offenders are sentenced according to the book instead of studied according to principles, the results will continue to be as inadequate as if doctors prescribed twenty days of aspirin for every case of pneumonia, six months of castor oil for every cancer, or five years of calisthenics for every case of imbecility.

Much experimental work remains to be done, both legal and mental. It seems certain, however, that an entire shift of attitude will be necessary rather than the various manœuvrings of criminal procedure that are sometimes advocated. One immediate practical step in the right direction could be taken with a minimum of legislative and administratve readjustment; before paroles are issued, prisoners should be examined by psychiatrists, and if evidence of mental disorder or defect likely to cause a recurrence of misconduct is found, paroles should be denied. Those who confuse the scientific point of view with a maudlin sentimentality may see from this that the period of treatment for many offenders would doubtless much exceed the terms of "punishment" fixed by the law.

Ultimately there will be no important administrative distinction between "asylums" and "jails." Both will have lost those atrocious names. Both will be institutions under state jurisdiction and under expert medical direction for the care of individuals committed to them by the State because of behaviour ineptitudes, failures, and incapacities.

A "sentence" will be as unthinkable for a murderer as it now is for a melancholiac. Unkindness will be as taboo for a felon as it now is for a woman in delirium. Release before complete recovery will be as irregular and improper for a thief or rapist as it now is for a paretic or leper.

The modern surgical operating amphitheatre developed out of dirty public barber-shops. The physicians took surgery away from the barbers a century ago; now they are taking criminology away from jailers and politicians.[19]

They are always doing this, however, only by the grace and with the help of the leaders in the legal profession. For example, back in 1917 Governor Alfred Smith appointed a New York State Prison Survey Committee, headed by George W. Wickersham, which recommended that:

> "County jails should be abandoned as places of punishment. All prisoners should be sent to clearing-houses for a diagnosis of their conduct disorders and for classification. Thereafter they should be confined in specialized units of a diversified institutional system, including industrial farms and vocational training schools. Sentences should be made truly indeterminate. No paroles should be issued until the prisoner's problem has been sufficiently well met to warrant the belief that he will adapt himself in the community. Even after parole the prisoner's activities should be supervised by a psychiatric social worker."

Then a few years ago Massachusetts enacted a law making psychiatric examination a compulsory routine procedure for a capital offender or a second (proved) offender.

Since then other states have been trying out various changes in criminal procedure, on the whole rather unhappily. By far the most progressive proposal is the one made by Governor Alfred Smith, of New York, on December 7, 1927, at a meeting of the New York State Crime Commission, proposing to take the sentencing power from judges in felony cases and invest it in a special state commission composed of experts in law, psychiatry, and penology, who will be charged with the responsibility of dealing with offenders after conviction.

The main points in the proposal, which has been characterized as probably the most far-reaching and fundamental change ever suggested in American criminal law, were summed up in the New York *Times* as follows:

> "That the jury should determine only the guilt or innocence of the person on trial.
>
> "That after a jury has returned a verdict of guilty the power of imposing sentence should be taken from the Judge who presided at the trial and given to a special State Board to be created by a constitutional amendment.
>
> "That the members of the board should include legal experts, psychia-

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[19] This much of this section is reprinted from an article by the author: "Vengeance or Vision?" in the *Survey*, April 1927.

> trists and penologists devoting their entire time to the work and paid as high salaries as any others in state employ—$25,000 a year.
>
> "That this board should determine whether a convicted felon should go to a state prison or to an insane asylum; and that it should determine the length of punishment and the extent he may be subject to parole."
>
> The full operation of the new plan, Governor Smith said, might cost a million dollars a year, but he declared that this would be trivial as compared with the benefits of modern treatment of criminals by the wealthiest state in the Union. He referred to his plan as a "sensible, modern way of treating criminals." He proposed a clearing house to which all offenders would be taken before being sentenced. For a time the prisoners would be under strict observation in order that the sentence to be pronounced by the board might be based upon all facts shown to have any connexion with the mental and physical condition of the accused person.
>
> "The power of the judge to sentence to death has done more than anything else to prevent convictions for murder in the first degree," the Governor said. "The jury in felony cases ought to determine only the guilt or innocence of the person on trial. If the accused is adjudged guilty, he should be turned over to the state for disposition to be determined by a special board."
>
> Speaking of the proposed clearing house for the classification of prisoners, Governor Smith said that under such a system it would be possible to obviate many of the faults which legal and penal experts, as well as the public at large, see in trials revolving about the testimony of alienists hired by the prosecution or the defence. Under these circumstances the experts have a special cause to plead. The state board, under Governor Smith's proposal, would not have that bias. . . .
>
> Governor Smith also said that a new kind of board of parole should be provided, consisting of the State Commissioner of Correction, who is a psychiatrist, the warden of the prison where any given prisoner is confined, and a third member to give his full time to the work. Probation he regarded as a local function, and no attempt should be made to change it to a state departmental duty. A period of state supervision, however, should be added, in his opinion, to determine sentences after a prisoner is allowed out of prison.

Finally the action of the American Bar Association and the National Crime Commission should be mentioned. In 1926 and 1927 the Criminal Law Section of the American Bar Association entertained speakers (the author in 1926; and Dr. W. A. White, Dr. Herman Adler, and the author in 1927) from the American Psychiatric Association, and as a result of the discussion a committee was appointed to formulate a corresponding statement of position on the part of the American Bar Association. This committee, consisting of Professor Rollin M. Perkins, of the Law School of the University of Iowa; Mr. Alfred Bettman, of Cincinnati, Ohio, who is serving as expert on the Harvard Law School Survey, and who is author of the Juvenile Court Law of Ohio, and the recent bill providing for the reorganizing of penal institutions and classification of criminals; and Mr. Louis S. Cohane, of Detroit, Michigan, reported at the Seattle meetings of the Bar Association, July 1928, and, receiving commendation, made the following revised report at Memphis in August 1929.

"The committee from the Section on Criminal Law of the American Bar Association, after a conference with the committee from the American Psychiatric Association, recommends to its own association that it advocate:

1. That there be available to every criminal and juvenile court a psychiatric service to assist the court in the disposition of offenders.
2. That no criminal be sentenced for any felony in any case in which the judge has any discretion as to the sentence until there be filed as a part of the record a psychiatric report.
3. That there be a psychiatric service available to each penal and correctional institution.
4. That there be a psychiatric report on every prisoner convicted of a felony before he is released.
5. That there be established in each state a complete system of administrative transfer and parole and that there be no decision for or against any parole or any transfer from one institution to another without a psychiatric report.

The National Crime Commission, on June 9, 1928, published a report of its subcommittee on the medical aspects of crime, in which, after a discussion of the Massachusetts law and the objectives of psychiatry, it goes on to say:

"The Committee desires particularly to call the attention of the public and those interested in immediate legislation for this glaring weakness in the criminal procedure to the following changes proposed by the American Psychiatric Association in respect to trial and procedure. The high standing in medical circles of this Association and the earnest study that they have given this problem, entitles its conclusions to be given the most thoughtful consideration. They include (a) that the disposition of all misdemeanents and felons be based upon study of the individual offender by properly qualified and impartial experts cooperating with the courts; (b) that such experts be appointed by the courts with provision for remuneration from public funds; (c) that prisoners be discharged or released upon parole only after complete and competent psychiatric examination with findings favorable for successful rehabilitation; and (d) that the incurably inadequate, incompetent and anti-social offenders be interned permanently, without regard to the particular offense committed.

"The Committee believes that such a program ought to make for a better understanding between medicine and the law in the interests of an improved criminal code, a socially intelligent management of the criminal, and better control of crime and delinquency.

"We are reasonably certain that, were we to follow the logic of the psychiatrist in his diagnosis of the American crime situation and reform our criminal codes and our court technique accordingly, far from helping the criminal, as has been mistakenly supposed, it would result in considerably greater social protection than we have enjoyed for a generation. . . ."

Meanwhile a survey made chiefly by Dr. Winfred Overholser under the joint auspices of the National Committee for Mental Hygiene and the National Crime Commission revealed that one hundred and ten courts in the United States (9.4%) report themselves to be served regularly by a psychiatrist, either employed by the court on a full-time or part-time basis, or furnished by some other public agency. These courts are distributed through thirty-one states and the District of Columbia. Moreover, of 259 public penal and corrective institutions, ninety-three, or 39.9% employ psychiatrists on either a full-time or a part-time basis. Eighty-five, or 32.8%, so employ psychologists.

The action of the American Bar Association and the National Crime Commission was initiated by the report of a special committee appointed by the American Psychiatric Association in 1924. This report as finally adopted (unanimously) by the American Psychiatric Association in 1927 was the result of a very careful study and conference. Its general purport has been covered above.[20]

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[20] This committee was composed of the following psychiatrists: Dr. Herman M. Adler of Chicago, State Criminologist of Illinois and Director of the Institute for Juvenile Research; Dr. L. Vernon Briggs of Boston, author of the celebrated Briggs Laws of Massachusetts and of numerous books, including *The Manner of Man that Kills;* Dr. Bernard Glueck of New York, first

"Despite all that the criminologists have done in the last generation the criminal law is still framed chiefly in terms of punishing the vicious will. Despite all that criminologists and physicians have shown as to the necessity of special institutions with expert management for many classes of delinquents, the legal theory of ideal equality before the law leads the criminal law, whenever it is in the hands of lawyers, to consign all to a common prison.

"Despite all that psychiatry and psychology have achieved, the lawyer can draw only a plain straight line between an artificial legal conception of insanity and a no less artificial legal conception of normal responsibility.

"Where anything has been accomplished in the way of individualization of penal treatment in almost every case it has had to be done through administrative boards and commissions, acting on principles radically different from those of the criminal courts and with courts and bar largely out of sympathy with them."—DEAN ROSCOE POUND, of the HARVARD LAW SCHOOL.

IV. MEDICAL APPLICATIONS:

PSYCHIATRY IN THE GENERAL PRACTICE OF MEDICINE[21]

Are psychiatrists doctors? Yes, they are, first and last. But while it has always "belonged," psychiatry has been the Cinderella of medical specialties. For years she sat alone by the fire in the kitchen, while her proud sisters Ophthalmology and Pediatrics strutted in the parlour. Sister Surgery was there, too, quite the queen of them all, forgetful of her humble origin in the

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psychiatrist at Sing Sing Prison and author of *Studies in Forensic Psychiatry;* Dr. William Healy of Boston, pioneer in psychiatric juvenile-court work and author of numerous books on psychiatric aspects of crime, particularly *The Individual Delinquent;* Dr. Smith Ely Jelliffe of New York, one of the deans of American psychoanalysis and author of numerous books on various aspects of psychiatry and editor of the internationally circulated *Journal of Nervous and Mental Diseases;* Dr. Raymond F. C. Kieb, formerly superintendent of the Hospital for the Criminal Insane at Matteawan and now Commissioner of Corrections for the State of New York at Albany; Dr. Lawson G. Lowrey, director of the Child Guidance Institute in New York City and formerly chief medical officer of the Psychopathic Hospital in Boston; the late Dr. Thomas W. Salmon, Professor of Psychiatry in the Medical School of Columbia University and director of the psychiatric work in the American Expeditionary Forces; (replaced on the committee by) Dr. Winfred Overholser, Director of the Division for the Examination of Prisoners in the Department of Mental Diseases of the State of Massachusetts; Dr. Frankwood E. Williams, Director of the National Committee for Mental Hygiene; Dr. William A. White, Superintendent of St. Elizabeth's Hospital at Washington, author of many books, including *Insanity and the Criminal Law,* and former president of the American Psychiatric Association; and Dr. Karl A. Menninger of Topeka, chairman of the committee from 1924 to 1929.

[21] Parts of this section appeared in the *U. S. Naval Medical Bulletin* for April 1929, under the title of "Fundamentalism and Modernism in Psychiatry," by Karl A. Menninger.

barber-shop, and Mother Obstetrics was never reminded of her poor relations the Midwives.

When, by the Fairy Godmother's aid, the transformed Cinderella appeared at the Great Ball (the war), she outshone all her sisters. It was there she won the Prince's favour (popular esteem), and thereafter she came out of the kitchen and consorted with her fashionable and now deferential sisters, and at last married the Prince.

This allegory [22] is peculiarly apt. It sketches the development of psychiatry from the sterile, stagnant "asylum" period to the present unparaleled popularity of a specialty, which, because of its inclusiveness and its intimate relationship with all other branches of medicine, might even be considered the keystone of medical science.

The fairy godmother responsible for these great changes is a melioristic philosophy which kept alive embers of hope in the hearts of the early psychiatrists, whose task was generally regarded as hideous and hopeless. The patients relegated to them were the mad, the moonstruck, the lunatic, the alien, the devil-possessed, the idiotic, the demented, the insane. The very words are hideous, and their origins and meanings indicate the prevailing sentiments of aversion with which those afflictions were held.

Such feelings of aversion emanated from

1. The hopelessness ignorantly ascribed to such cases.
2. The helplessness of early medical science to understand or relieve them.
3. The persistence of superstitions and religious hypotheses dealing with their origin, their relation to sin, devils, evil spirits, and the like.

Of these, certainly the third has been the most powerful. Madness has for centuries been taboo—that is, both sacred and accursed. The taboo still attaching to it on the part of the rabble is betrayed by the archaic language of the law, but the progress of medical science and the extension of knowledge have lifted the taboo for the intelligent. The victims were found to be less hopeless than at first they seemed, and the increasing demands of civilization upon poor mortal frames increased their numbers. Familiarity replaced taboo with toleration and with the crusading spirit of modern preventive medicine.

It was the far-visioned hopefulness and the indefatigable spirit of the early *innominata* who observed and examined and nursed and protected the "insane" that formed the basis of modern psychiatric prestige. In the years when leeches and blood-letting and purges were the stock in trade of the practising profession, Pinel in France and Tuke in England and Dorothea Dix in this country were insisting that, all signs and customs to the contrary, the mentally sick were really human beings and deserved consideration as such and treatment for their sicknesses (about 1800). It was one step to substitute beds for heaps of hay, and another to replace whips and nakedness with even primitive decency and comfort. The progressive addition of sedatives, dietary care, nursing efforts, antisyphilitic therapy, hydrotherapy, and so forth, followed slowly (1850–1900).

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[22] Suggested by the late Dr. Thomas Salmon.

Meanwhile there were accumulating data of these allegedly sick persons—psychological data, historical data, chemical data. An American association was formed (now eighty-five years old) of those physicians interested in these phenomena. Notes were compared, cases reported, brains examined. Gradually an increasing nosology (delimitation and classification of disease forms) grew up. From the old unitarian conception of one kind of "madness" there was first a revival of the preceding Greek (Hippocratic) partitioning into mania, melancholia, and dementia. Then all manner of varieties of each were described, and, what with kleptomania, pyromania, hypomania, monomania, acute mania, puerperal mania, delirious mania, etc., together with similar multiplications of the melancholias and the dementias, the nomenclature of psychiatry became elaborate, formidable, and useless. Accordingly, the balance of the medical profession, previously disdainful, was left astonished, bewildered, but none the less thoroughly convinced that psychiatry was an illegitimate child, still deserving of kitchen service in spite of these evidences of erudition.

It was Dr. Emil Kraepelin of Munich whose synthesizing genius brought order out of chaos. In a series of editions of a comprehensive treatise he coalesced certain similar clinical pictures into what he regarded as disease entities, showing certain general similarities in origin, symptomatology, course, termination, and pathology. From a mass of thousands of syndromes and names, he finally achieved a classification of approximately a hundred psychiatric entities, his most familiar creations being "dementia præcox" (schizophrenia) and "manic-depressive psychosis" (mania-melancholia). Kraepelin also deserves the credit for those atrocious names (about 1900).

During the first twenty years of this century these new formulations of Kraepelin's were engaging the attention of psychiatrists the world over, and soon became the dominant conceptions. The doctors in state hospitals were chiefly engaged in observations and descriptions of cases to be placed in one or another of Kraepelin's groups. This indeed was the maturity of the era of descriptive psychiatry, the Golden Age of fundamentalism. Characteristic of it was the descriptive and diagnostic attitude of the observers. The perceptual, intellectual, emotional, and volitional faculties were scrutinized in all their pathological variations; groups of symptoms and groups of cases were analysed; brains sectioned and stained and correlations of various sorts attempted between symptom and structure. The heyday of the branch of science called *neuropathology* was coincident and was the bridge of contact with the *neurologists,* private practitioners whose established respectability lent some prestige to the rising sister specialty. The elaborate brain-tissue staining methods of Alzheimer, Nissl, Pahl, van Giesen, Weigert, and Cajal, previously applied to structural lesions of the cord and brain in traumatic, infectious, and degenerative conditions, were applied in these increasingly interesting mental aberrancies. The poverty of results discouraged no one.

Meanwhile the administrative attitude towards the mentally sick had steadily improved. Asylum provision was made increasingly comfortable, and the hospital rather than the asylum became the ideal. Pathologists and clinical directors were added to the staffs. Numerous therapeutic agents were added—pharmaceutical, hydrotherapeutic, electric, etc. The small diagnostic unit or *psychopathic hospital* became the vogue in various states. Specialized institutions for certain forms of mental disease were established, such as hospitals for the epileptic and schools and colonies for the feeble-minded. This was the great era of the state hospitals. Diagnosis was the key-note.

The war turned the tables. Entering insignificantly at the back door, psychiatry emerged with enormous experience, enormous accomplishments, enormous prestige. The psychiatrists learned for the first time that they could be useful outside of asylum walls. They demonstrated that they had a province in war almost as extensive as, and little less spectacular than, the great realm of surgery itself. Unnumbered legions of patients with mental incapacities were referred to hastily organized psychiatric centres, not for mere labelling or diagnosis, but for rapid rehabilitation. Thousands were sent promptly back to active service. The psychiatrists overcame their ancient sense of inferiority and demonstrated to themselves and to the world that they could do something, something more than labelling various types of institutionalized wrecks.

This practical demonstration of efficacy moved psychiatry into the major leagues of medical specialties. It established definitely the therapeutic rather than the merely diagnostic objective. This ushered in the beginning of modernism in psychiatry, and ushered out old conceptions and terms such as insanity and lunacy. Psychiatrists became physicians, healers of the mentally sick, and ceased to be "alienists," or more legal quibblers and nominators. From being institutional fixtures, they became active participants in intellectual and social life. From keepers of the insane they became counsellors of the unhappy.

Once the mentally sick who needed to enter a hospital were necessarily made wards of the state, like criminals, and the formalities of commitment are still conducted in court rooms in many places. But this is rapidly changing. Once all psychiatry was practised inside state hospitals. Now most of it is practised outside state hospitals.

Only a few years ago no medical schools taught psychiatry. Now all medical schools give required courses in psychiatry, and some of them do more than teach students the names of the major psychoses. Some of them present personality defects, the nature of adjustment failures, problems in "child guidance," and the mechanisms of personality break-downs. This is very wise. For the vast bulk of psychiatric treatment is done, not in state hospitals and not by privately practising psychiatrists and not by the various free and pay clinics, but by the general practitioners and family physicians. It is they who have the constant contacts with patients whose minor nervous ailments, whose infelicities and inefficiencies, whose psychological and psychologically produced aches and pains, bring them to the doctor for help. The majority of these he can and does benefit. Here and there will be an exceptional case which is too severe, too complex, too resistant for routine treatment, which must be referred to a specialist, just as major surgical cases are referred to a surgeon. Minor psychiatry, like minor surgery, the general practitioner can and must do. But some day it will be considered just as heinous for a family doctor to neglect a case of melancholia as it is now for him to neglect a case of appendicitis.[23]

[23] Psychiatry has already gone beyond itself. The main fold is divided into numerous groups, representing different points of view. This should not be confused with the artificial and totally unrepresentative disputes which develop in court-rooms. Psychiatrists are unanimous in their opposition to these.

The most significant development within the ranks of psychiatrists in the past decade is *orthopsychiatry.* To distinguish an interest in pragmatic methods of bringing about better adjustments of the individual to his environment from the older attitudes of diagnostic classifications and static conceptions, the term "orthopsychiatry" was coined by a group of active workers in the clinical field whose particular interests and experience concerned misbehaviour. An increasing host of psychologists, sociologists, and social workers with what might be called the psychiatric or orthopsychiatric point of view found a common interest in the problems which engaged the attention of this group, and an American Orthopsychiatric Association was formed in 1924. About a dozen persons registered at the first convention; in 1929 nearly a thousand attended. Strong impetus has been given to the particular interests of this group by the generous and intelligent program of the Commonwealth Fund in providing numerous demonstration clinics for

For surely there is balm in Gilead. No greater illusion prevails than that mental sickness is usually hopeless, or has at best a bad outlook. Precisely the reverse is true. Most of its victims recover. Most maladjustments can be corrected. Some of the afflicted will right themselves, some will turn to amulets and chiropractic, some will insist upon operations, and some will put their trust in Mrs. Eddy. But there are rational, logical, scientific methods, and gradually—beginning with the intelligent and the intelligently guided members of society—these methods will prevail. And "by their fruits ye shall know them."

Not all psychiatrists agree on details of diagnosis or treatment, or ever will, in the nature of things, because psychiatrists are scientists, not creedists. But we are of one mind in our endeavour to apply ourselves to the scientific understanding and correcting of human unhappiness and misbehaviour rather than merely to its description or to its denial or to its punishment. This is the spirit of modern psychiatry.

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research, teaching, and practical dealing with problem children, but private and state clinics of a similar sort are equally represented (for example: Dr. Herman Adler's Institute for Juvenile Research in Chicago; Dr. Esther Richards's department of the Phipps Clinic, Johns Hopkins Hospital, Baltimore; Dr. William Healy's criminologic studies in the Juvenile Court of Boston; Dr. Amos Baker's Psychiatric Clinic at Sing Sing Prison; my own private clinic in Topeka, and many others.)

Orthopsychiatry is not a different kind of psychiatry; it is merely a special emphasis on a particular kind of problems which psychiatry is being called upon to help solve. It has found it necessary to ignore diagnoses and emphasize the dynamics of behaviour, and to do this requires a maximum of objectivity. The orthopsychiatrist never talks about whose fault it is or who is to blame; he seeks things which he can modify which will in turn modify his patient's reactions.

SELECTED BIBLIOGRAPHY FOR THE GENERAL READER

CHAPTER I

PRINCIPLES

BEERS, CLIFFORD W.: *A Mind that Found Itself: An Autobiography.* New York. Doubleday, Page & Co. 1923.

BURNHAM, WILLIAM H.: *The Normal Mind; an Introduction to Mental Hygiene and the Mental Hygiene of School Instruction.* New York. D. Appleton & Co. 1924.

CAMPBELL, C. MACFIE: *A Present-day Conception of Mental Disorders.* Cambridge. Harvard University Press. 1924.

FOLLETT, M. P.: *Creative Experience.* New York. Longmans, Green & Co. 1924.

GROVES AND BLANCHARD: An Introduction to Mental Hygiene. New York. Henry Holt & Co. 1930.

JACKSON AND SALISBURY: *Outwitting Our Nerves.* New York. The Century Co. 1921.

MYERSON, ABRAHAM: *The Inheritance of Mental Disease.* Baltimore. Williams & Wilkins Co. 1925.

PRATT, GEORGE K.: *Your Mind and You; Mental Health.* New York. Funk & Wagnalls. 1924.

ROBINSON, JAMES HARVEY: *Mind in the Making.* New York. Harper and Brothers. 1921.

SALMON, T. W.: *Mind and Medicine.* New York. Columbia University Press.

SUMNER, W. G.: *Folkways.* Boston. Ginn & Co. 1907.

WHITE, WILLIAM A.: *An Introduction to the Study of the Mind.* Washington. Nervous and Mental Disease Publishing Co. 1924.

WILLIAMS, FRANKWOOD E.: Adolescence; Studies in Mental Hygiene. New York. Farrar & Rinehart. 1930.

CHAPTER II

PERSONALITIES

BLEULER, EUGEN: *Textbook of Psychiatry.* (Translated by A. A. BRILL.) New York. The Macmillan Co. 1924.

CAMPBELL, C. MACFIE: *A Present-day Conception of Mental Disorders.* Cambridge. Harvard University Press. 1924.

COX, CATHARINE MORRIS: *Genetic Studies of Genius:* Vol. II. *The Early Mental Traits of Three Hundred Geniuses.* Stanford University Press. 1926.

DAVIES, STANLEY P.: *Social Control of the Mentally Deficient.* New York. Thomas Y. Crowell. 1930.

DEJERINE AND GEUCKLER: *The Psychoneuroses and Their Treatment by Psychotherapy.* (Translated by JELLIFFE.) Philadelphia. 1915.

GODDARD, H. H.: *Feeblemindedness, Its Causes and Consequences.* New York. The Macmillan Co. 1923.

GROVES, ERNEST R.: *Personality and Social Adjustment.* New York. Longmans, Green & Co. 1923.

HENDERSON AND GILLESPIE: *A Textbook of Psychiatry.* London. 1927.

JELLIFFE, S. E. AND WHITE, W. A.: *Diseases of the Nervous System.* Philadelphia. Lea & Febiger. 5th edition, revised. 1929.

KRETCHMER, E.: *Physique and Character.* (Translated by W. J. H. SPRATT.) New York. Harcourt, Brace & Co. 1925.

MAY, JAMES V.: *Mental Diseases; A Public Health Problem.* Boston. Richard G. Badger. 1922.

MYERSON, ABRAHAM: *The Foundation of Personality.* Boston. Little, Brown & Co. 1921.

QUEEN, STUART A. AND MANN, D. M.: *Social Pathology.* New York. Thomas Y. Crowell Co. 1925.

SANDS AND BLANCHARD: *Abnormal Behavior.* New York. Moffat, Yard & Co. 1923.

STRECKER, EDWARD A., AND EBAUGH, FRANKLIN G.: *Practical Clinical Psychiatry for Students and Practitioners.* Baltimore. Williams & Wilkins Co. 1925.

TERMAN, LEWIS N.: *Genetic Studies of Genius:* Vol. I. *Mental and Physical Traits of a Thousand Gifted Children.* Stanford University Press. 1925.

WHITE, FISHBEIN, *et al*: *Why Men Fail.* New York. The Century Co. 1927.

CHAPTER III

SYMPTOMS

BRIDGES, JAMES W.: *An Outline of Abnormal Psychology.* Columbus. R. G. Adams & Co. 1925.

BRONNER, AUGUSTA: *Psychology of Special Abilities and Disabilities.* Boston. Little, Brown, & Co. 1917.

CAMPBELL, C. MACFIE: *Delusion and Belief.* Cambridge. Harvard University Press. 1926.

CANNON, W. B.: *Bodily Changes in Pain, Hunger, Fear and Rage.* New York. D. Appleton & Co. 1920.

CONKLIN, EDMUND S.: *Principles of Abnormal Psychology.* New York. Henry Holt & Co. 1927.

FREUD, SIGMUND: *Psychopathology of Everyday Life.* (Translated by A. A. BRILL.) New York. The Macmillan Co. 1914.

FRINK, H. W.: *Morbid Fears and Compulsions.* New York. Moffat, Yard & Co. 1918.

HERRICK, C. JUDSON: *Brains of Rats and Men.* University of Chicago Press. 1926.

—*The Thinking Machine.* University of Chicago Press. 1929.

LOEB, J.: *Forced Movements, Tropisms and Animal Conduct.* Philadelphia. J. B. Lippincott Co. 1918.

MORGAN, JOHN J. B.: *The Psychology of Abnormal People.* New York. Longmans, Green & Co. 1928.

—*The Psychology of the Unadjusted School Child.* New York. The Macmillan Co. 1927.

OVERSTREET, H. A.: *About Ourselves.* New York. W. W. Norton & Co. 1927.

PINTNER, RUDOLF: *Intelligence Testing.* New York. Henry Holt & Co. 1923.

SHERRINGTON, C. S.: *Integrative Action of the Nervous System.* New York. Charles Scribner's Sons. 1906.

SWIFT, EDGAR JAMES: *Psychology and the Day's Work.* New York. Charles Scribner's Sons. 1923.

TAYLOR, W. S.: *Readings in Abnormal Psychology and Mental Hygiene.* New York. D. Appleton & Co. 1926.

TERMAN, LEWIS N.: *The Measuring of Intelligence.* Boston. Houghton Mifflin Co. 1916.

WHITE, WILLIAM A.: *Outlines of Psychiatry.* Washington. Nervous and Mental Disease Publishing Co. 1923.

WILLIAMS, TOM A.: *Dreads and Besetting Fears.* Boston. Little, Brown & Co. 1923.

CHAPTER IV

MOTIVES

ALEXANDER, FRANZ: *Psychoanalysis of the Total Personality.* Washington. Nervous and Mental Disease Publishing Co. 1930.

BRILL, A. A.: *Psychoanalysis.* Philadelphia. W. B. Saunders Co. 1922.

FERENCZI, S. AND RANK, OTTO: *The Development of Psychoanalysis.* Washington. Nervous and Mental Disease Publishing Co. 1925.

FLÜGEL, J. C.: *A Psychoanalytic Study of the Family.* London. International Psychoanalytic Press. 1921.

FREUD, SIGMUND: *Introductory Lectures on Psychoanalysis.* London. Allen & Unwin.

—*Collected Papers.* 4 volumes. (Translation by JOAN RIVIERE.) New York, London, Vienna. The International Psychoanalytical Press. 1924.

HART, BERNARD: *Psychology of Insanity.* New York. G. P. Putnam's Sons. 1920.

HEALY, BRONNER, AND BOWERS: *The Structure and Meaning of Psychoanalysis.* New York. Alfred A. Knopf. 1930.

HOLT, EDWIN B.: *The Freudian Wish.* New York. Henry Holt & Co. 1922.

JONES, ERNEST: *Papers on Psycho-analysis.* New York. William Wood & Co. Third revised edition, 1923.

KEMPF, E. J.: *The Autonomic Functions and the Personality.* Washington. Nervous and Mental Disease Publishing Co. 1918.

LOW, BARBARA: *Psychoanalysis; a Brief Account of the Freudian Theory.* New York. Harcourt, Brace & Co. 1920.

MILLER, H. CRICHTON: *The New Psychology and the Parent.* New York. Thomas Seltzer. 1923.

MORGAN, JOHN J. B.: *Psychology of Abnormal People.* New York. Longmans, Green & Co. 1928.

—*The Psychology of the Unadjusted School Child.* New York. The Macmillan Co. 1927.

OVERSTREET, H. A.: *About Ourselves.* New York. W. W. Norton & Co. 1927.

STEKEL, WILHELM: *Peculiarities of Behavior.* 2 volumes. New York. Boni & Liveright. 1924.

TROTTER, WILLIAM: *Instincts of the Herd in Peace and War.* New York. The Macmillan Co. 1916.

WHITE, WILLIAM A.: *Mechanisms of Character Formation.* Washington. Nervous and Mental Disease Publishing Co. 1918.

CHAPTER V

TREATMENTS

Beers, Clifford W.: *A Mind that Found Itself: An Autobiography.* New York. Doubleday, Page & Co. 1923.

Cameron, Hector C.: *The Nervous Child.* New York. Oxford University Press. Fourth edition. 1929.

Fishbein, Morris: *The Medical Follies.* New York. Boni & Liveright. 1925.

Forsyth, David: *The Technique of Psychoanalysis.* London. Kegan Paul, Trench, Trubner & Co., Ltd. 1922.

Gesell, Arnold: *The Retarded Child; How to Help Him.* Bloomington, Ill. Public School Publishing Co.

Hart, Bernard: *The Modern Treatment of Nervous and Mental Disorders; a lecture delivered at the University of Manchester, 1918.* Manchester. University Press. 1918.

Hillyer, Jane: *Reluctantly Told.* New York. The Macmillan Co. 1927.

Jackson and Salisbury: *Outwitting Our Nerves.* New York. The Century Co. 1921.

Jones, Ernest: *Treatment of the Neuroses.* New York. William Wood & Co. 1920.

Laird, D. A.: *Increasing Personal Efficiency.* New York. Harper and Brothers. 1925.

Oliver, John R.: *Fear.* New York. The Macmillan Co. 1927.

Pierce, S. W. and J. T.: *The Layman Looks at Doctors.* New York. Harcourt, Brace and Company. 1929.

Pitkin, Walter B.: *The Psychology of Happiness.* New York. Simon and Schuster. 1929.

Schilder & Kanders: *Hypnosis.* Washington. Nervous & Mental Disease Publishing Co. 1927.

White and Jelliffe: *Modern Treatment of Nervous and Mental Diseases.* 2 volumes. Philadelphia. Lea & Febiger. 1913.

White, William A.: *The Principles of Mental Hygiene.* New York. The Macmillan Co. 1917.

Yellowlees, Henry: *A Manual of Psychotherapy.* London. 1923.

CHAPTER VI

APPLICATIONS

ANDERSON, V. V.: *Psychiatry in Industry.* New York. Harper and Brothers. 1929.

BRIGGS, L. VERNON: *The Manner of Man That Kills.* Boston. Richard G. Badger. 1921.

CULBERT, JANE F.: *The Visiting Teacher at Work.* New York. Commonwealth Fund Division of Publications. 1929.

DARROW, CLARENCE: *Crime, Its Cause and Treatment.* New York. Thomas Y. Crowell Co. 1922.

GILLIN, JOHN LEWIS: *Criminology and Penology.* New York and London. The Century Co. 1926.

GLUECK, BERNARD: *Studies in Forensic Psychiatry.* Boston. Little, Brown & Co. 1916.

GLUECK, S. SHELDON: *Mental Disorder and the Criminal Law.* Boston. Little, Brown & Co. 1925.

GROVES AND BLANCHARD: *Introduction to Mental Hygiene.* New York. Henry Holt & Co. 1930.

HEALY, WILLIAM: *The Individual Delinquent.* Boston. Little, Brown & Co. 1927.

LAIRD, D. A.: *Increasing Personal Efficiency.* New York. Harper and Brothers. 1925.

MILLER, H. CRICHTON: *The New Psychology and the Teacher.* New York. Thomas Seltzer, Inc. 1922.

PFISTER, OSKAR: *Psychoanalysis in the Service of Education.* New York. Moffat, Yard & Co. 1922.

RUSSELL, BERTRAND: *Education and the Good Life.* New York. Boni & Liveright. 1926.

SAYLES, MARY B.: *The Problem Child in School.* New York. Joint Committee on Methods of Preventing Delinquency. 1925.

—*The Problem Child at Home.* New York. Commonwealth Fund, Division of Publications. 1929.

SOUTHARD, ELMER ERNEST: *Shell-shock and Other Neuropsychiatric Problems.* Boston. W. M. Leonard. 1919.

SOUTHARD, ELMER E. AND JARRETT, MARY C.: *The Kingdom of Evils.* New York. The Macmillan Co. 1922.

WHITE, WILLIAM A.: *Insanity and the Criminal Law.* New York. The Macmillan Co. 1923.

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